TN Department of Intellectual & Developmental Disabilities | Seating & Positioning Clinics

CONSENT FOR SEATING AND POSITIONING SERVICES

The Department of Intellectual and Developmental Disabilities (DIDD) Seating and Positioning Clinics employ occupational and physical therapists that have specialized expertise in evaluating complex wheelchair seating and therapeutic positioning needs. Our comprehensive seating and positioning evaluations consist of reviewing health history, current issues, goals and outcomes, and a thorough mat assessment out of the wheelchair. After determining the need for treatment and developing treatment goals with the client and any caregivers, services consist of simulation to determine specifications for equipment, fittings to make adjustments as needed, and training on the equipment for those present at delivery. Our clinicians work hand in hand with a durable medical equipment vendor of your choosing (based on your insurance provider) and others (e.g., an Independent Support Coordinator or Case Manager) to help clients and caregivers identify funding options for the necessary equipment.

Our therapists take the time to communicate with and listen to clients and caregivers throughout the evaluation in order to meet expressed needs. They educate about the benefits of the interventions they recommend, but they also respect the client's right to refuse any aspect of treatment. Guardians and conservators are highly encouraged to attend any and all appointments.

Consent for Evaluation and Treatment

I hereby consent for DIDD Seating and Positioning Clinic to provide an evaluation and treatment for wheelchair seating and therapeutic positioning needs for the below-named client. I understand that I am free to choose any provider of the above services and have elected to choose DIDD Seating and Positioning Clinic. I understand these services will be provided by a licensed occupational or physical therapist (depending on clinician availability) employed by the DIDD Seating and Positioning Clinic. I understand if I have questions that I can contact the clinic prior to signing this consent.

Benefit Assignment/Release of Information

I hereby assign all benefits, including major medical benefits to which I am entitled such as Medicare, Medicaid, private insurance, and/or third party payers, to the State of Tennessee, DIDD Seating and Positioning Clinics. I hereby authorize the DIDD Seating and Positioning Clinics to release my medical information, to my health insurance or third party payer in order to secure payment.

I agree to pay any applicable co-payments at the time of service and coinsurance and/or deductibles as agreed between the DIDD Seating and Positioning Clinic and me. I understand that I may be responsible for any charges not covered by my health insurance or third party payer. I understand that I will be notified up front if a requested or recommended piece of equipment cannot be funded through insurance or other sources in order for me to determine if I want to pay for the item on my own.

Use and Disclosure of Health Information

I have received and had an opportunity to read the DIDD Notice of Privacy Practices. I understand that by signing this consent, I am giving the DIDD Seating and Positioning Clinic consent to use and disclose my protected health information in order to carry out treatment and payment of benefits as outlined above and in the notice. I am aware that the DIDD will always post on the DIDD website and/or make copies available in the clinic, the most up to date version of the DIDD Notice of Privacy Practices.

Consent Signature

I have read and understand the above information.

Client's Name: _____ Date of Birth:_____
(Please print)

Client and/or guardian/conservator signature:_____/_____
(Signature) (Printed Name)

Relationship if signed by person other than client: _____ Date: _____

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CONSENT FOR SEATING AND POSITIONING SERVICES

Client's Name: _____ (Please print) Date of Birth: _____

I further authorize the following by initially "yes" or "no":

1. I give authorization for the above services to be provided in an open clinic design where each clinician's area is not completely isolated, but where the area can be partitioned off with privacy curtains. Yes_____ No_____

2. I understand that DIDD supports college and university health-related programs by contracting with schools to accept students completing clinical fieldwork, and students are required to pass background checks and follow DIDD privacy practices and other relevant policies while at DIDD. I authorize students to observe and/or work with the client under full time supervision of a licensed therapist. Yes_____ No_____

3. I authorize DIDD staff to photograph/videotape or permit others approved by DIDD to photograph/videotape the above client for:
   a. The use in treatment to monitor progress Yes_____ No_____
   b. The use of educational purposes Yes_____ No_____
   c. The DIDD website and/or social media sites Yes_____ No_____

   I understand that no personal information, excepting first name, may be disclosed for this purpose, and I can revoke this authorization at any time.

4. I understand that the DIDD Seating and Positioning Clinics also have in-house manufacturing of custom equipment including molded wheelchair seats and backs, other customized wheelchair components as needed, and custom positioning equipment. If custom equipment or customization of commercially available equipment is needed, I authorize DIDD to manufacture this equipment or components. I understand that DIDD will work with my chosen vendor or others to in order to assist me in identifying funding options through my insurance or other available funding sources whenever possible.
   Yes_____ No_____

Advance Directive for Health Care

The DIDD Seating and Positioning Clinics staff are required to comply with any known Advance Directive for Health Care while the individual is in the clinic.

Does this person have an Advanced Directive for Health Care? Yes_____ No*_____

If yes, please provide a copy for the person's clinic record.

*If this person does not currently have an Advance Directive for Health Care, he or she may access information and forms on the Tennessee Department of Health website. If at any point during treatment at the clinic the terms stated in the Advance Directive for Health Care has been revoked or modified in any way, it is the responsibility of the client to provide an updated copy to the DIDD Seating and Positioning Clinics.

Resolution of Complaints

The DIDD Seating and Positioning Clinics honor the right of every individual served to (personally or through a family member, advocate, legal conservator, or other support staff) present concerns/complaints and to request changes in care. No agency or staff member shall retaliate against or, in any manner, discriminate against any person because of a complaint made in good faith against the clinics or a staff member of the clinics.

I understand that I can request a copy of the Complaint Resolution Policy or access it at the DIDD Seating and Positioning Clinics website.
Yes_____ No_____

Authorization For Release of Protected Health Information Form

I understand that I can obtain an Authorization For Release form from the clinic as necessary in order to authorize the clinic to provide my records to be released for purposes not covered by the DIDD Notice of Privacy Practices. Yes_____ No_____