



20 WEEK VISION THERAPY AGREEMENT

Date: _____

This agreement for Vision Therapy (VT) is entered between Vision For Life & Success Ltd. (Clinic) and _____ (Patient) for Vision Therapy care and Vision Rehabilitation.

In order to receive 20 Vision Therapy (VT) sessions from the clinic, I agree to the terms listed below:

COOPERATION AND GOOD FAITH AGREEMENT: Patient agrees to approach his/her vision therapy with commitment and dedication. Patient agrees not to directly oppose or create obstacles or resist care, but instead is fully committed to working with and following the directions of the assigned therapist to better ensure positive outcomes. Patient further agrees to maintain a positive attitude regarding their care and progress.

DELIVERY OF THERAPY: Therapy is to be delivered either in person at our clinic or remotely via video conference. Duration of each session is approx 45 minutes per session.

MEETING SCHEDULE: Patient agrees to be on time for sessions and acknowledges that due to scheduling with other Patients, their session cannot be extended as a result of showing up late for their scheduled session.

EMERGENCY, ILLNESS: If Patient must cancel a scheduled session, please give us (your therapist) 24-hours' notice. However, our experience with Patients makes it clear that colds, flu, and other illnesses or emergencies can occur at any time, and sometimes the onset is sudden. We must be notified, if unable to notify us during regular office hours, please leave a message for your therapist or send an email directly to your therapist.

MAKE-UP SESSIONS: All missed appointments must be rescheduled within one month. Scheduling make-up sessions is the Patient's responsibility. Make-up sessions are intended to help maintain consistency, which is vital for progress in therapy, without extending therapy. Make-up sessions are intended for emergencies, illness, and on occasion- special days or vacation.

Due to excessive problems with rescheduling for purposes such as practice, ball games, friends coming over, work etc, a maximum of 3 missed and rescheduled appointments will be allowed during each unit of 10 weeks. Any further missed appointments will incur a \$30.00 fee per missed appointment, will not be rescheduled, and will be considered a lost week of therapy. The only exception to the 3 ALLOWED rescheduled appointments in each

unit will be a death in the family. Should a 4th session be missed in succession, an invoice for the \$30 missed appointment will be sent to the Patient. The Patient may also be required to take a 2-month break to re-evaluate their schedule and become consistent. Continuing to be inconsistent in showing up for online therapy sessions, will result in a dismissal from our program. There will be no refunds for equipment or unused vision therapy sessions.

❑ **NON-ATTENDANCE:** If an online session is missed and no call or email was sent to the assigned therapist, a \$30 missed appointment fee will be assessed. After 3 no shows (3 weeks) and no call/email, there will be dismissal from our program barring a provable catastrophic event. There will be no refunds for equipment or unused vision therapy sessions. Thus, we highly recommend that Patient or patient representative communicate with us even in the event of a missed appointment.

Note: In office patients can also take advantage of the online therapy option if necessary, instead of missing their scheduled appointment.

❑ **COMMUNICATION:** This is a very integral component to the therapy program. We require that Patient and patient caretaker/guardian (if the patient is under the age of 13 or if determined is necessary at an older age) show up to the scheduled sessions prepared. Please bring a notebook to take notes on what the therapist is communicating. We ask that the Patient communicate their needs to their therapist so the therapist can best support you. Patient agrees to send their weekly notes to their assigned therapist from activities that they worked on. Weekly notes serve as proof that therapy was carried out on the Patient's end of the treatment program. Failure to send weekly notes may cause us to need to pause the vision therapy program or even release the Patient from the program for non-compliance. There will be no refunds for equipment or unused vision therapy sessions.

❑ **RECORDING:** Your online therapy sessions may be recorded to ensure the quality of the session and also to provide you with a copy for reference if needed for patient or caretaker review of the exercises or the therapist instructions.

❑ **PROGRESS EVALUATION:** After every 10-12 visits (approx every 3 months), Patient will need to be re-evaluated by a local doctor or in our clinic. We will provide a form with tests that we would like that doctor to perform- please ask your therapist for this form. **Re-evaluations are important for therapy success. As such we will need to be provided with written documentation of these tests so that your therapist and Dr Steinhauer can look over progress and provide feedback on how to achieve the desired results.**

❑ **HOME ACTIVITIES:** These are assigned at most therapy sessions. If they are not (in-office patients only), the Patient will be expected to choose from a menu of activities for the week and work the expected 4 days/ 30 minutes. Parents are taught to direct home sessions and are required to make sure the work is done. **We cannot complete the activities for the Patient.** Diligence in home activities is required to produce desired results. If the Patient continually is not prepared, or does not send in the list of activities completed at home for the week, not only will this will lengthen the time spent in therapy and will increase the cost of therapy. We reserve the right to release the Patient from our therapy program for noncompliance. If the Patient falls behind by 4 weeks in home activities, they will be required to stop in-office therapy to "catch up." Only one 4 week extension will be allowed, if the Patient falls behind again; we will assess whether to continue with therapy or discontinue.

The Patient is expected to work 4 days a week for 30 minutes each day on their assigned therapy activities. Light therapy is 5 days a week 7-15 min daily*

*Results may vary depending on how well the Patient executes the home therapy program.

❑ ANTI-HARASSMENT: For the Patient's safety and the safety of our therapists, all sessions will be recorded. At no time during therapy will it be permissible for nudity, inappropriate behavior, cursing, name calling, arguing, harassing, threatening, or making rude comments to your therapist during your therapy session or in email correspondence. Should this occur, you will be immediately released from our program. There will be no refunds for equipment or unused therapy sessions.

❑ COMPLAINTS PROCESS: If at any point during the Vision Therapy program, should a dispute arise between the Patient and the therapist, Patient agrees to submit a complaint to Dr. Steinhauer through our info@visionforlifeworks.com email. Patient agrees to allow up to 7 days for said complaints to be properly investigated and for a follow up to be made. We will do our best to accommodate your needs within reason. Note: Not all specific requests can be met and Patient bears responsibility for any complaints of a personal nature that are not common to other Patients and may still be unresolved despite our best efforts to accommodate the need or complaint.

❑ REFUNDS AND DISCONTINUING THERAPY: Due to scheduling and the demand of our program, planning, scheduling and costs incurred to ensure your care, and in efforts to promote the full commitment of our Patients, no refunds for termination of services or equipment will be offered. Patients hereby acknowledge a forfeiture of fees if they choose to terminate their treatment for any reason.

Should a dispute for our services be filed through our 3rd party payment processor and a refund is attempted, please note that our office will turn the dispute over to our Legal and Dispute Resolution Team who will seek all legal options available to them based on the terms of this agreement.

❑ REQUIRED MAINTENANCE THERAPY EQUIPMENT

We have found that it is necessary for many cases of binocular vision problems to continue a maintenance program once therapy is finished. Patient will be given specific instructions about this at the completion of vision therapy. All equipment for maintenance is provided at the beginning of vision therapy.

❑ THERAPY EXTENSIONS: There are two scenarios where therapy extensions are possible.

1. **Forced Extensions:** Patient's therapy extends beyond the original intended length of time because of poor cooperation in home activities, falling behind in home activities, poor attendance or failure to comply with the instructions we give to make therapy successful. **Patients will be given warning if they are at risk of falling into this category.** We reserve the right not to offer an extension in the case of notorious non-compliance.
2. **Normal Extensions:** Although we anticipate therapy to last a certain length of time, every case is different. Approximately 20% of cases may require additional therapy for one reason or another. Also, some individuals learn at a different pace. Therefore, additional therapy may be necessary to complete the program and solidify visual skills

more fully. In some cases, some individuals/families even reach the end of therapy and wish to continue; for instance, a family may want to keep their child (or themselves) in the habit of continued vision improvement and learning. In this case additional therapy is a great option!

Please note that these are optional and you will have the opportunity to decide and discuss this with Dr Steinhaur as to what works best for you. There will be an additional fee for any additional therapy option that is chosen.

***Results may vary depending on case difficulty and your commitment to your vision therapy program. We cannot take responsibility for work not being completed on your part or your attitude, which is integral to your success.**

***We expect you to be retested by a doctor local to you or in our clinic every 10-12 weeks to help us assess your progress in vision therapy. Your visual health is the responsibility of your local doctor, as Vision For Life & Success, LTD and Dr Julie Steinhauer are not responsible nor unable to assess your eye health over the internet and are only responsible for your therapy.**

******The terms of this contract, including cost, may change at the discretion of our office. So, if you do not take advantage of the current cost, the terms of this agreement may be invalid a year from now. Also, if you do not choose to do therapy at this time, a re-evaluation/consultation may be required after 2 months, as the visual system may continue to change. ******

VISION THERAPY TERMS AGREEMENT & SIGNATURES

I have read, understand and agree to abide by the terms of my financial agreement with Vision For Life & Success. I also understand and agree to abide by the rules regarding attendance and participation in this program of vision therapy.

Name of Patient

Date

Patient Signature

Name of Parent, Legal Guardian or legal representative

Relationship to Patient

Signature of patient Guardian or representative

Date

Patient Address

City

State

ZIP

Representative Address (if different from patient)

City

State

ZIP

Mobile phone

Alternate contact phone #