



Imagine!

Dayspring

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Protocol and Release Booklet

Dayspring is a division of Imagine!
1665 Coal Creek Drive Lafayette CO 80026-2790
Telephone 303 926-6434 Fax 303 457-5643
<http://imaginedayspring.org>



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Sick Protocol

Dear Parents and Caregivers,

Dayspring team members work with many children throughout the day and must take extra precautions to avoid spreading illnesses as we travel from home to home. **Many of the children in our program have reduced resistance to infection and even a common cold or flu can have serious implications.**

For this reason, therapists are unable to work with a child who may be ill. Symptoms that warrant a cancellation include fever, diarrhea, nausea, vomiting, strep throat, eye infection, head lice, cough, nasal drainage, etc. **Our staff is unable to work in a home if any member of the household is ill, even if the child being seen does not exhibit symptoms.**

Please call or text the therapist or early childhood specialist as soon as possible to cancel.

If your child or any member of the household shows symptoms or becomes ill during an appointment, the therapist will need to end their visit. Please plan on seeing the therapist at your next scheduled appointment.

In order to keep your family happy and healthy, Dayspring team members will call to cancel their appointment with you when they exhibit any symptoms of illness. We ask for your help in keeping all the children we see as healthy as possible and greatly appreciate your cooperation.

Sincerely,

Dayspring Staff

Please see reverse side for guidelines on illnesses and when therapy visits can resume.



Sick Protocol, page 2

Colds: Colds are generally in their *most contagious state for the first 5 days* of symptoms. We would ask that you keep your child home and cancel therapy appointments if he/she has a temperature, profuse nasal drainage and/or a persistent productive cough. And of course as with all illnesses to keep him/her home if he/she is not feeling well (i.e. is he/she feverish, lethargic, irritable, generally not himself).

Fever: Your child may *resume therapy 24 hours after the temperature has returned to normal.*

Vomiting & Diarrhea: Your child may *resume therapy when free from vomiting and diarrhea for 24 hours, or when cleared by physician.*

Strep Throat: Your child may *resume therapy 48 hours after treatment has been started and your child feels well enough.*

Conjunctivitis or “Pink Eye”: Your child may *resume therapy 24 hours after treatment has been started.*

Head Lice: Your child may *resume therapy after being treated and hair is free of lice and nits.* Re-treatment may be necessary after 7 to 10 days. Clothing, bedding, and other appropriate vehicles need decontamination.

Impetigo or Ringworm: Your child may *resume therapy after his/her physician has seen him /her and treatment has been underway for at least 24 hours.*

Chicken Pox: Your child generally should be kept at home until there are no new spots, and all of the existing spots are scabbed and dry. This usually requires 6 or 7 days of at home care.

Measles: Your child generally should be kept at home for 5 days after the rash first appears and your child feels well enough to return to the program.

Mumps: Your child generally should be kept at home for 9 days after the onset of swelling in the neck glands.

Rubella: Your child generally should be kept at home for 5 days after the onset of the rash.



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Cancellation Protocol

It is important to contact your therapist/teacher as soon as you need to cancel a session. If you are unable to get ahold of them, please leave a voice mail or text message explaining why you are cancelling.

- If your therapist's/teacher's schedule permits, you may be able to reschedule your session.
- If rescheduling is not possible, please plan on seeing your therapist at the next scheduled visit.

Remember that it is also important to contact the therapist/teacher(s) and cancel if your child or anyone in the household is ill. (Please refer to our Sick Protocol handout for more information.)

Our cancellation protocol is no more than 2 No-Shows and/or no more than 3 less than 24 hour notice cancellations within a 6 month period.

- No Show = a session that is cancelled after the therapist is already on the way to the session or is at the session location.
- Cancellations made less than 24 hours before the session due to illness or emergency are not counted against you.
- Cancellations made more than 24 hours prior to your session will not count against you.

If there have been more than 2 No-Shows or 3 less than 24 hour cancellations within a 6 month period, a meeting will be scheduled to discuss service options that would be better suited for your family. This could include changing your session times, looking at other service delivery methods, etc. Due to scheduling, if cancellations continue, a Dayspring therapist/teacher may no longer be able to continue services with the family.

We know things come up and want to work with you. If circumstances arise that affect your ability to consistently hold therapy sessions, please let your therapist know so they can work with you on scheduling. Please let me know what questions or concerns you have.

Contact Emily Walsh with any questions or concerns by phone: 720.235.9367 or email: ewalsh@imaginecolorado.org.



Grievances and Complaints

If you have a grievance or complaint regarding the services your family receives from Dayspring, please contact our Program Manager, Shannon Kluth by email ewalsh@imaginecolorado.org or by phone **720-235-9367**.

Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

Your Rights

You have the right to:

- Ask to see and get a copy of your child's health records.
- Have corrections added to your child's health information.
- Receive a notice that tells you how your child's health information may be used and shared.
- Decide if you want to give your permission before your child's health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your child's health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can:
 - File a complaint with your provider or health insurer, or
 - File a complaint with the U.S. Government.

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748.

Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other healthcare providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for healthcare, such as Medicare and Medicaid.

What Information is Protected?

- Information your child's doctors, nurses, and other healthcare providers put in your child's medical record.
- Conversations your doctor has had about your child's care or treatment with nurses and other healthcare professionals.
- Information about your child in your health insurer's computer system.
- Billing information about your child from your clinic/healthcare provider.
- Most other health information about your child, held by those who must follow this law.

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your child's information may and may not be used and shared
- Taking appropriate and reasonable steps to keep your child's health information secure.

To make sure that your child's information is protected in a way that does not interfere with your child's healthcare, your child's information can be used and shared:

- For your child's treatment and care coordination,
- To pay doctors and hospitals for your child's healthcare,
- With your family, relatives, friends or others you identify who are involved with your child's healthcare or your healthcare bills, unless you object.
- To protect the public's health, such as reporting when the flu is in your child's area, or
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your child's information to your employer.
- Use or share your child's information for marketing or advertising purposes, or
- Share private notes about your child's mental health counseling sessions.

Family Educational Rights and Privacy Act (FERPA)

Notice of Privacy Practices

This notice describes how information about you and/or your child may be used and disclosed and how you can get access to this information.

- The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of your child's education record. The law applies to the Early Intervention Program as it receives funds under an applicable program of the U.S. Department of Education. Any revisions of this notice will be effective for past, present or future Early Intervention records the Program or its agents possess.
- FERPA gives parents certain rights with respect to their children's Early Intervention records. These rights transfer to your child when he or she reaches the age of 18 or attends a school beyond the high school level. A child to whom the rights have transferred are "eligible students".

Parents' or Eligible Student's Rights under FERPA:

- You have the right to submit a written request to inspect and review your child's Early Intervention records maintained in the Early Intervention Program. The Early Intervention Program is not required to provide copies of records unless, for reasons such as great distance, it is impossible for you to review the records. The Early Intervention Program may charge a fee for copies unless the fee would prevent you from exercising your rights.
- You have the right to submit a written request to have the Early Intervention Program correct records which you believe to be inaccurate or misleading. If the Early Intervention Official decides not to amend the record, you then have the right to a formal hearing. After the hearing, if the Early Intervention Official still decides not to amend the record, you have the right to place a statement with the record setting forth your view about the contested information.

At this time the Early Intervention Program does not disclose "directory" information such as a child's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

- The Early Intervention Program does not disclose the final results of disciplinary proceedings.
 - Generally, the Early Intervention Program must have written permission from you in order to release any information from your child's Early Intervention record. However, FERPA allows the Early Intervention Program to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - o Institutions, parties or school officials with legitimate educational interest;
 - o Other schools to which a student is transferring;
 - o Specified officials for audit or evaluation purposes;
 - o Appropriate parties in connection with financial aid to a student;
 - o Organizations conducting certain studies for or on behalf of the Early Intervention Program;
 - o Accrediting organizations;
 - o To parents of a dependent student;
 - o The Early Intervention Program or the parent initiates legal action against either party, and those records relevant to the action are provided to the court, without an order;
 - o To comply with a judicial order or lawfully issued subpoena;
 - o Appropriate officials in cases of health and safety emergencies; and
 - o State and local authorities, with a juvenile justice system, pursuant to specific State law.

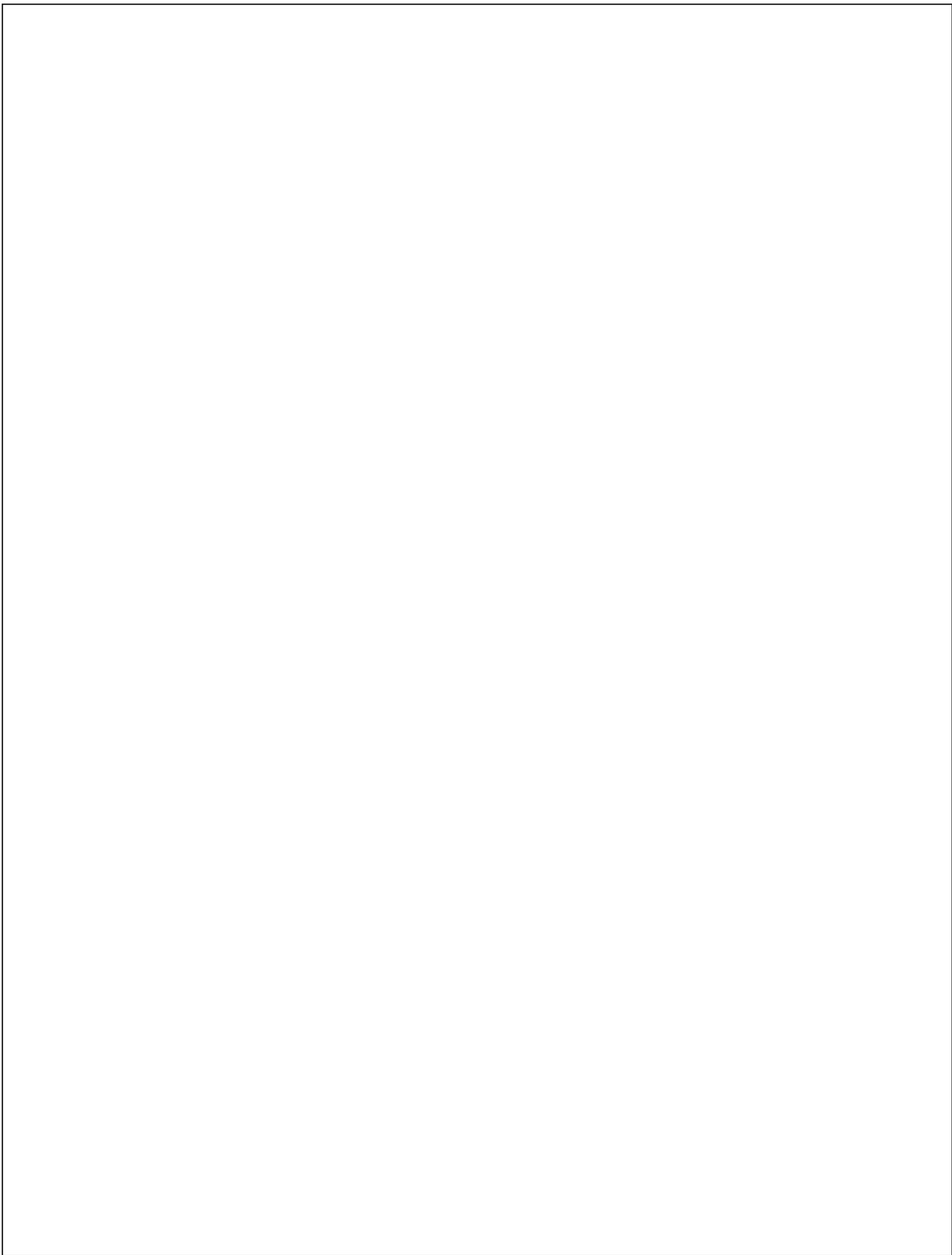
Complaints:

- You have the right to lodge a complaint with the Privacy Official in writing at the address below if you feel your FERPA rights are violated.

Complaints Officer/EIO/D Brittany Siegel

Phone # 303-457-5673 Address: 1665 Coal Creek Drive, Lafayette, CO 80026

If you would like a more detailed notice of your rights under the Family Educational Rights and Privacy Act (FERPA), please ask your Service Coordinator for a copy.





Authorization for Release of Information

For Non-Specific Media/Public Relations and Marketing Purposes

Revised November 2016

I give my permission to Imagine! to take photographs, films, audio and/or video, interview, or publish article(s) or information about: _____

Individual's Name (Please print)

These records may be used for promotional or publicity purposes and may be published in the following Imagine! marketing, public relations, and external communication materials, including:

- Imagine! newsletters
- Imagine! brochures and reports;
- On an Imagine! display board used at community fairs, presentations, events, and/or on display in Imagine! buildings
- Newspapers and other published materials
- Imagine! websites and social media sites, including Facebook, Twitter, and Imagine! blogs (*Note: This material will be accessible to anyone who is connected to the Internet and may be downloaded by any computer user.*)

Other: (specific use) _____

By signing below, I acknowledge that I do not require information on the specific photo, video, or information that is to be shared. Therefore, this permission is consistent with protections provided by rules for the Colorado Division for Developmental Disabilities at 2 CCR 503-1 and **will be in effect for no more than two years from the date signed** unless I cancel my permission before then. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my (my dependent's) determination of eligibility to receive services nor opportunity to receive services if determined eligible. If I cancel my permission, no additional copies of marketing literature will be printed after that date and already printed copies may be used until that literature is replaced.

Signed (Legal guardian, or if under age 18, parent or legal guardian)

Relationship to Authorized Signature

Printed name of legal guardian

Date

Imagine! will use this information to acknowledge, recognize, and promote the many contributions individuals with intellectual and developmental disabilities are bringing to their communities every day. All images used for marketing or public relations will be respectful and dignified. If an individual or guardian does not believe a picture to be respectful or dignified, s/he may ask for the image to be removed.

For Imagine! Administrative Use Only Name of Imagine! Staff Soliciting Release: _____



**Consent for Mutual Exchange of Information for OT/PT (Medicaid/PAR only)
For Birth to Three: Early Intervention Children & Families**

_____	_____
Child's Name	Date of Birth
_____	_____
Service Coordinator's Name	Phone Number

The undersigned authorizes the following records to be mutually shared & exchanged inclusive of the following dates: _____.

- | | |
|---|---|
| <input type="checkbox"/> Developmental assessments/evaluations
<input type="checkbox"/> Therapy Records
<input type="checkbox"/> Individualized Family Service Plan (IFSP)
<input type="checkbox"/> Medical (Health Records)
<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Discharge Plan/Summary
<input type="checkbox"/> Other _____ | For the purpose of:
<input type="checkbox"/> Eligibility determination
<input type="checkbox"/> IFSP development
<input type="checkbox"/> Transition planning
<input type="checkbox"/> Service Coordination
<input type="checkbox"/> Intern/Practicum/Student Education
<input type="checkbox"/> Other _____ |
|---|---|

Exchange of information will occur between the offices/persons named below:

<p><u>Imagine!/Dayspring</u></p> <p><u>(303) 926-6434 office</u></p> <p><u>(303)457-5643 fax</u></p> <p><u>1665 Coal Creek Dr. Lafayette, CO 80026</u></p>	<p>_____</p> <p>Name</p> <p>_____</p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Address</p>
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All information released or secured will be in compliance with the Family Education Rights and Privacy Act. Information will not be disclosed or secured without prior approval from the parent, except as provided by law. A photocopy of this authorization shall be considered as valid as the original. **This release is valid for one year from the date of signature or until services are terminated and can be cancelled at any time by the parent or legal guardian.**

Consent:		Withdraw Consent:	
_____	_____	_____	_____
Parent or Guardian Printed Name	Date	Parent or Guardian Printed Name	Date
_____	_____	_____	_____
Parent or Guardian Signature	Date	Parent or Guardian Signature	Date
_____	_____	_____	_____
Signature of Witness	Date	Signature of Witness	Date



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Please Initial Below:

_____ I have read and acknowledged Dayspring's Cancellation Protocol

_____ I have read and acknowledged Dayspring's Sick Protocol

_____ I have read and acknowledged Dayspring's Grievance and Complaints procedure

_____ I have been given and have read FERPA information and understand my rights

_____ I have been given and have read HIPAA information and understand my rights

Please sign below indicating you have received and read Dayspring's Protocol and Release Booklet

Child's Name

Parent/Guardian Signature

Date

Please return to:

Virginia Brown
Dayspring Program Coordinator
1665 Coal Creek Dr
Lafayette, CO 80026