



**Client Name:** \_\_\_\_\_

**Therapy Sessions:** Therapy sessions are 30, 45, 60 or 90 minutes in length. The last five minutes of each session will be spent reviewing the session with a parent or caregiver and discussing homework.

**Cancellations:** Please be aware that **TALK Speech & Language Therapy, LLC** (henceforth referred to as **TALK**) reserves your scheduled therapy time for you. If you must cancel an appointment that you have scheduled, please call immediately. Unless in the case of an emergency or illness **clients will be charged for therapy sessions not canceled 24 hours in advance. Clients who do not maintain a 90% attendance rate will be given the option of being removed from the schedule or for paying for 90% of all scheduled sessions moving forward.** Initial \_\_\_\_\_

It might be necessary for **TALK** to cancel a therapy session on short notice. Every effort will be made to make sure you are aware of the need to reschedule and we will find a time that is convenient for you to make up the session.

**Confidentiality:** Privacy and confidentiality are of the utmost importance to **TALK**. Please review the Notice of Privacy Policy for details regarding policies for maintaining confidentiality. You will only be contacted via the method(s) chosen on your Contact Information form. It is up to you to make sure contact information is kept current. If you would like **TALK** to exchange information with another person or professional, an *Authorization for Release of Information* form must be completed.

**Fees:** A schedule of fees is available upon request. Fees apply to various types of services including direct client contact (one-on-one therapy sessions), phone consultations, and consultation with other professionals. *Please note that TALK does not accept insurance.*

**2019 Hourly Rate:** \_\_\_\_\_ Initial \_\_\_\_\_

**Special Arrangements:** Please note that **TALK's** business hours are 9:00 AM - 5:00 PM Monday through Friday. *Appointments are available by special arrangement on Saturdays for an additional convenience fee of \$5 per 30-minutes. Additionally, arrangements can be made for students to be seen for therapy at their private school for convenience fee of \$5 per 30-minutes.*

Whenever possible, requests for therapy outside of regular business hours will be accommodated, at a time-and-a-half rate.

*Please note that any use of TALK's time will be charged on an hourly rate. This includes school observations, meetings, additional paperwork, phone consultations, written reports or insurance paperwork.* Initial \_\_\_\_\_

**Evaluations:** Evaluations are conducted on an hourly rate charge. Upon completion of the evaluation, clients will have the option to review results via a complimentary results meeting with the

Speech-Language Pathologist, or via written report which will be charged at an hourly rate. This will be discussed with each client prior to an evaluation. Initial \_\_\_\_\_

**Payment:** The person who signs this form is responsible for payment of all services rendered. **TALK does not accept insurance.** Upon request, documentation of therapy services can be provided so clients can request reimbursement from insurance or an FSA. Payment is due at the time services are rendered unless you have made other arrangements in advance. Accounts more than 30 days overdue will be subject to a \$25 late fee and a 5% interest charge. Accounts more than 60 days overdue will be sent to collection. **TALK** may, at times, run promotional discounts or provide discounts for families with extenuating circumstances. A returned check fee of \$35 will be applied to returned checks to cover banking fees **TALK** incurs. **TALK** accepts credit card payments via Square. Please note a 3% service fee will be applied to all credit card transactions. Initial \_\_\_\_\_

**Termination of Services:** Clients may terminate therapy services by phone, email, written notice or in person, at any time, for any reason. In the event that you do not honor your financial obligations to **TALK** and remain delinquent on your account for more than 60 days, services will be terminated. *If a client accumulates two no-shows or does not maintain an attendance rate of 90%, termination of therapy is warranted.* **TALK** reserves the right to terminate services if the therapist determines that the therapy schedule is not aggressive enough to guarantee positive outcomes in a reasonable amount of time.

**Scheduling:** Please be aware that **TALK** runs on a *School Year Calendar* and a *Summer Calendar*. Families may stay in the same time-slot all year. However, if they give up a time slot at the end of a school year, and do not remain in that time-slot over the summer, there is no guarantee of time availability on the next *School Year Calendar*. Initial \_\_\_\_\_

**Feedback:** Comments, Questions, Complaints: All feedback is welcome! **TALK** strives to be the best in pediatric speech/language therapy. Positive comments are always welcome, and information about things **TALK** can do better is very valuable. If there is something you are not happy with, please bring it to our attention. Every effort will be made to make the necessary changes to make your experience positive.

**Changes in Policy:** **TALK** reserves the right to make policy changes at any time. Clients will be informed of any policy changes prior to their implementation.

Name of Client: \_\_\_\_\_

Client Signature: \_\_\_\_\_

or

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_