

Speech-Language Therapy Agreement

I would like to welcome you to my private practice and provide you with some information about myself and the policies of my practice. Please read the following carefully and sign the attached statement to indicate that you have been adequately informed, understand, and agree to the information outlined below.

1. Certification:

I am a registered member in good standing with the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and I am certified by Speech-Language and Audiology Canada (SAC).

2. Assessment and Therapy Rates:

Assessment rates vary depending on the type of assessment provided. Assessments include a brief hand-written summary report. Please see Assessment Fee Schedule for fee descriptions.

Individual therapy session

1 hour - \$125

45 minute sessions - \$100

30 minute session - \$75

Group therapy session

Price to be determined

Charges for any additional services such as written reports, travel, school consultations, annual invoices for income tax, or correspondences with other professionals will be established proportionate to the hourly treatment rate (\$125.00/hour).

Payment is to be provided directly at the end of each session. Cash, personal cheques, or email money transfers are accepted. You will be given a receipt for all services rendered which you can then submit to your insurance company or use for income tax purposes. Electronic receipts are available on request for an additional \$5 per receipt. Should payment not be made within 20 days of the date that the service was provided, additional late payment fees will be incurred at a rate of \$30/week. There is an extra \$30 charge for all NSF cheques.

Please note that my fees are subject to change at any time. I will inform you of such a change at least 30 days in advance.

3. Insurance Coverage:

My private services as a speech-language pathologist are not covered by OHIP. However, the majority of private insurance companies which provide extended health care coverage will reimburse all or part of the fee charged. I advise you to consult your Insurance Benefits booklet or to make enquiries with your insurance provider so that you understand the limits of your coverage.

4. Charitable Funding:

In the case of charitable funding (e.g. President's Choice Children's Charity) as a source for re-imburement, I will submit invoices with your signature, directly to the charitable organization.

5. Cancellation and Late Arrival:

In order to make the best use of my time and to be fair to other clients in the practice, I need to have a cancellation and late arrival policy. You may cancel your session by 8am on the day of the appointment without penalty.

If you cancel after 8am, I will charge a \$30 late cancellation fee. Should you arrive late for an appointment the missed time will not be made up, the appointment will end at the scheduled time and the full fee for the appointment will be charged. If you do not show up or cancel your scheduled appointment I will charge you for the full session fee. Cancellations can be by telephone, text, or email.

If you wish to discontinue therapy, I require 14 days advance notice with at least 1 more session after the notice is given in order to prepare your child for the transition. If the 14 day notice is not provided and/or you do not attend the final session, I will charge a \$125 fee.

6. Expectations of Parents:

I will be working with you and your child for a very small percentage of time. In order for your child to make progress in his/her communication development it is important that you are able to commit to regular therapy attendance as it takes significant practice with corrective feedback for learning to occur. It is also essential that you understand and feel comfortable implementing any strategies that are recommended. If you experience any difficulties during home practice or have any questions, please inform me and we will find solutions together. Every single interaction throughout the day is an opportunity to stimulate speech-language skills, so parent involvement is absolutely necessary!

7. Confidentiality:

I am required to keep everything you discuss with me in the strictest of confidence. I will not release any information about you or your child without your informed consent. Informed consent may be either verbal or written. I may audiotape or video-record some of our sessions only with your permission. I keep a written record of all of our contacts. Although my documentation is my property, you may view them at any time. Please see my Privacy Policy for further details.

AGREEMENT OF UNDERSTANDING

We the undersigned have read this statement, understand it, and agree with its terms.

Client's Name

Client's Date of Birth

Name of Legal Guardian

Signature of Legal Guardian

Date

Name of Therapist

Signature of Therapist

Date