

## SPEECH-LANGUAGE THERAPY AGREEMENT

We would like to welcome you to our clinic and provide you with information about our policies. 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. **Fees:**

Assessment/reassessment	\$165/hour (reports additional charge)
1 hour Therapy	\$140
45 min Therapy	\$105
30 min Therapy	\$80
Consultation with professionals (20 min or less)*	\$45
Meetings, emails, phone calls, travel, etc.	\$140/hour

**\*Please note that consultation with professionals providing concurrent services is a requirement according to our provincial regulator, CASLPO.**

Payment is due at the end of each session. Payment for online sessions is by email money transfer, whereas cash, personal cheque, credit card, debit, or email money transfer are accepted at the office. You will be given a receipt for all services rendered which you can submit to your insurance company or use for income tax purposes. Receipts will accurately portray the services provided and will not contain misleading or false information.

E transfers can be sent to: [info@helpingchildrentalk.ca](mailto:info@helpingchildrentalk.ca)

In the case of funding from another organization (e.g., charitable organizations, Jordan's Principle), we will submit invoices directly to the organization and provide you with copies of the invoice.

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.

Please note that fees are subject to change at any time. We will inform you of any changes at least 30 days in advance.

### 2. **Location of Services:**

We offer services at our clinic, online, and in some cases, pending availability, at other locations (e.g., home, daycare, private school). We charge travel time to and from our office for

appointments at other locations.

For online services, our regulatory college requires that you must be in Ontario at the time that services are provided. In some cases, we can arrange for short-term registration in other provinces/countries in order to continue to provide services while you are travelling outside of Ontario. Please advise us in advance if this is required. There may be additional charges in order to provide services outside of Ontario.

3. **Insurance Coverage:**

Many insurance companies which provide extended health care coverage will reimburse all or part of the fee charged. We do not direct bill to insurance. We advise you to consult your Insurance Benefits booklet or contact your insurance provider to understand the limitations of your coverage. Your insurance provider may contact us to verify the services provided including date, session length, and charges.

4. **Attendance:**

We expect that you commit to **weekly attendance** as it takes significant practice for your child to make gains in his/her speech and/or language development. Once we have determined the weekly therapy appointment, this will be your appointment time for the school year. We have an extremely limited ability to change appointment days/times and we may not be able to offer you a different time, especially with the same therapist. If you want to change appointment times you may need to go on our waitlist until your desired time becomes available. If you are unable to bring your child to therapy on a weekly basis, we will request that you take a break from therapy and your spot will be offered to another family.

5. **Cancellations and Late Arrival:**

If you are unable to attend an appointment, including failing the Health Screen, please cancel appointments at least **24 hours in advance of the appointment**. More advance notice is appreciated so that we have time to schedule another appointment.

Please cancel your appointment if you or your child are sick. Please see our Health Screen for additional details. Cancellations can be by telephone, text, or email.

If you cancel within 24 hours up until 1 hour before the appointment, we will charge a **\$35 late cancellation fee**.

**Cancellations within an hour before your appointment start time, no shows, or late arrivals will be charged the full session fee. For late arrivals, the missed time will not be made up and the appointment will end at the scheduled time.**

Appointments may be switched from in person to online at the discretion of your therapist if requested before 8am on the day of the appointment.

If you wish to discontinue therapy, we 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, we will charge you for a final session.**

If you decide to take a break from therapy, we will not hold your therapy spot and it will be offered to another family. Should you want to resume therapy in the future, there may be a waitlist for services.

6. **Expectations of Parents:**

We will be working with you and your child for a very small percentage of time. Home practice is an important component of therapy in order for your child to make progress in his/her communication development. It is necessary 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 us and we will find solutions together.

7. **Confidentiality:**

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

**Statement of Agreement and Understanding**

I have read this statement, understand it and agree to its terms. I provide consent for my child, \_\_\_\_\_ to participate in speech-language therapy.

My child's therapy will be on \_\_\_\_\_:

Day & Time

In person (office)

Online

Other location \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Date

Signature