



585-507-0146

www.CompassSpeechTherapy.com

Parent/Client Contract

Thank you for selecting Compass Speech Therapy as your provider for speech therapy services, as we have the drive of, "Guiding Speech in the Right Direction!" This contract identifies the expectations and duties of the speech-language pathologist, client, and/or client's parties for speech services to be provided.

Compass Speech Therapy, LLC. and _____ hereby agree to the terms set forth below:

Notification of Legal and Privacy Policies

- Speech Therapy services are provided in the client's home or Compass Speech Therapy's therapy room by Lindsay Bach Smith, M.S., CCC-SLP, a New Jersey licensed and ASHA-certified (certificate of clinical competence) speech-language pathologist.
- Compass Speech Therapy will not be held responsible for any claims or damages of any kind, for injury to any person or persons, and/or for any damages due to loss of property arising directly or indirectly out of participation in these therapy sessions
- All client information will be kept confidential. It will be kept in a secure location away from public access.
- Evaluation reports, progress reports, therapy goals and therapy plans will be sent to outside sources (i.e- doctor's offices, insurance providers) in a private manner, if applicable.
- Written approval will be obtained to share private information with other outside sources or professionals.
- This is the entire agreement and no promises outside of the agreement made on or before the effective date will be binding upon the parties

Cancellations

- All client cancellations require at least a 24 hour notice. All clients will be allowed two free cancellations a year. After that, each additional cancellation will be charged 50% of the speech therapy rate.
- If your child is sick or an emergency emerges, please contact Compass Speech Therapy, as we are understanding of unexpected situations
- If we are unable to keep a therapy appointment for any reason, we will notify you as soon as possible, and a make-up appointment will be scheduled.

Sessions

- Compass Speech Therapy can provide an initial evaluation at the request of the client/client's parents; however, we are not required to conduct our own independent evaluation to establish a plan of therapy in order to bill for our services. Parents can provide their child's school, hospital, and/or previous private practice evaluation report as a means of generating speech goals, if available. If the evaluation report is dated three or more years ago, the speech-language pathologist may recommend reevaluation to obtain an updated account of the client's ability level. An updated evaluation is needed to establish goals and provide therapy.



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- Speech Therapy services will be provided based on goals agreed upon by both parties in order to best serve your individual child. Goals can be established through one or more of the following means: Administered evaluations/reports, outside evaluations/reports, observations, and parent requests
- In order to ensure the safety of your child during his/her therapy session, it is important that an adult be present in the household during therapy. Parents are welcome to observe therapy sessions and to be active participants in your child's therapy.
- Sessions will be 30 minutes or 60 minutes. Session length will be tailored towards what would best serve the needs of your individual child.

Financial Policy

- Rate of evaluation, including report: \$180
Rate of therapy: \$90 per hour
- Payment is expected at the time of service unless prior arrangements have been made
- If payment is not received, a reminder will be sent out. If payment is not made for three sessions, therapy will be discontinued until the account is paid in full
- Forms of payment accepted are cash or check (made payable to: Compass Speech Therapy). A \$25 fee will be applied to all bounced checks.
- The client is solely responsible for submitting all claims to their insurance company, should one wish to receive reimbursement for any services rendered by Compass Speech Therapy, LLC. Compass Speech Therapy, LLC. does **not** participate with any insurance companies but will provide a receipt with diagnostic and treatment codes at the end of each month where services were rendered.
- The rates of evaluations and/or therapy are subject to change.

I read, understand, and agree to the policies outlined above. This is the agreement in its entirety, and no promises outside of the agreement made on or before the effective date will be binding upon the parties. My signature indicates that I consent to all rules and regulations of Compass Speech Therapy.

Client (Child) Name: _____

Parent Signature: _____ Date: _____

Speech-Language Pathologist Signature: _____
