



11 Salmon Ct. Budd Lake, NJ 07828
585-507-0146
www.CompassSpeechTherapy.com

Parent/Client Contract

Thank you for selecting Compass Speech Therapy Limited Liability Company (hereinafter Compass Speech Therapy, LLC or 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, school, and/or medical facility 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 and/or Lindsay Bach Smith, CCC-SLP 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 provided to outside sources (i.e- doctor's offices, insurance providers) in a private manner.
- 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

Session Cancellations

- All client session cancellations require at least 24 hours notice. All clients will be allowed two free session cancellations a year. After that, each additional session cancellation will be charged 50% of the speech therapy rate.
- If your child is sick or an emergency emerges, please contact Compass Speech Therapy.
- If Compass Speech Therapy is 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, if possible.

Sessions

- Compass Speech Therapy will provide an initial evaluation for all new clients. Clients/parents can also provide school, hospital, and/or previous private practice evaluation reports, if applicable, to have a comprehensive review from all team members. An annual



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reevaluation, either using informal documentation from past sessions or formal assessments, will be conducted to obtain an updated account of the client's ability level.

- Speech therapy services will be provided based on goals agreed upon by both parties in order to best serve the client.
- 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 vary between 30-60 minutes. Session length will be tailored towards what would best serve the needs of your individual child.
- A typical 60 minute session would include approximately 45-50 minutes of direct therapy and approximately 10-15 minutes of note-taking and discussion with parents/guardians (i.e. strategies to use, review of progress notes, etc.).
- Treatment goals will be measured during every session. Progress reports will be given every six months from the start date of speech therapy. An Annual Review will be held one year from the start of speech therapy.

Financial Policy

- Rate of evaluations: approx. \$125-\$225, untimed and dependent upon type of evaluation
Rate of speech therapy: approx. \$90 per hour.
All rates of services are subject to change
- Payment is expected at the time of service unless prior arrangements have been made
- If payment is not received, a reminder will be sent. If payment is not made within 30 days of being invoiced, therapy will be discontinued until the account is paid in full. Outstanding balances owed to Compass Speech Therapy are the sole responsibility of the client/clients parents.
- Forms of payment accepted are cash, credit card, or check (made payable to: Compass Speech Therapy). A \$25 fee will be applied to all returned checks. Credit card payments can be made upon receiving and viewing your emailed invoice.
- Compass Speech Therapy, LLC is an **in-network** provider with **Horizon Blue Cross Blue Shield of New Jersey**. The client's specified co-pay is expected to be paid at the time of service if insurance is being billed.
- Compass Speech Therapy, LLC does not participate with any other insurance companies but will provide the client with itemized invoices after therapy sessions to submit for possible reimbursement.
- The rates of evaluations and/or therapy are subject to change.



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Authorizations

I hereby authorize direct payment of benefits to Compass Speech Therapy LLC.

Signature: _____

Date: _____

I hereby authorize Lindsay Bach Smith, M.S., CCC-SLP to release any information acquired in the course of treatment.

Signature: _____

Date: _____

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, LLC.

Client (Child) Name: _____

Parent Signature: _____ Date: _____

Speech-Language Pathologist Signature: _____