



Policies and Procedures

The Speech Space, LLC is pleased to have you as a valued family in our practice. We offer a wide range of services and look forward to helping your child improve their communication skills. Please read, initial and sign the following policies and procedures agreement.

Treatment Sessions

Therapy sessions are 50 minutes in length unless other arrangements have been made with your therapist. During the last 5-10 minutes of your child's session, your therapist will write up a treatment note that you will receive a copy of at the end of the session. This treatment note is designed to provide you feedback on that specific session, as well as provide you with homework activities. We believe carryover activities in the home environment are essential to success! Please feel free to ask brief questions at the end of the treatment session, reserving more lengthy discussions for consultation appointments. _____ (initial here)

Billing

We accept payment via Venmo, Zelle or check. Please make checks payable to The Speech Space, LLC. You will receive an invoice at the beginning of the month for the previous month's sessions. Payment is **due no later than the 15th** of every month. Payments that are late will incur a \$25 late fee. _____ (initial here)

Insurance

Unfortunately, The Speech Space, LLC does not accept health insurance at this time. It is your responsibility to retain all treatment notes, evaluations, progress reports, invoices and treatment plans to provide to your insurance company. We are happy to help and provide additional information and services if needed. A fee of \$50 per half-hour for the time it requires to collect and send the materials needed will be charged. _____ (initial here)

Cancellations & Attendance:

As you and your child have made the commitment to therapy, we have made the same commitment to you in reserving your scheduled weekly time slot(s). Excessive absences affect your child's rate of progress and take away valuable therapy time another child may need who is on our waiting list. We expect clients to consistently attend scheduled therapy sessions. Please give us as much advance notice as possible if you need to cancel an appointment. This includes changes in schedules due to school activities or fieldtrips, vacation plans, and medical appointments. Of course exceptions to this policy will be made in the event of an emergency or illness. **Please do not bring a sick child to therapy or if your child is seen at home or their school please cancel your session when your child is sick. A child must be free of fever, pink eye, lice, or diarrhea for at least 24 hours before resuming sessions.** _____ (initial here)



For sessions that take place at the office: A cancellation made less than 24 hours before a session or a missed appointment or a no-show will be charged the full session rate. _____ (initial here)

For sessions that take place at your home or your child's school: If we arrive and your child is sick, unavailable due to a reason we were not made aware (e.g., change of schedule, sleeping, fieldtrip or went for walk), the full session rate + \$25 fee will be charged. _____ (initial here)

Inclement Weather and Holidays Policy

The Speech Space, LLC does not follow any local school districts' inclement weather policy or holiday schedule. Your therapist will contact you if therapy is canceled due to inclement weather or upcoming holidays. If driving conditions are poor and will prevent you from making your child's appointment, please be sure to contact your therapist as early as possible. _____ (initial here)

Consultative Services

When needed or wanted, we are happy to schedule appointments for phone, office or school consultations. Please schedule these with your therapist and note that should the consultation require more than 15 minutes, you will be billed our hourly rate for the service. _____ (initial here)

Evaluations

For evaluations a deposit of 50% will be due no later than the day before your scheduled evaluation. Additionally, once your child's evaluation report is completed, we will alert you and the remaining balance for your evaluation will be due. Once the remaining balance is received, your child's evaluation will be released to you. _____ (initial here)

All evaluation reports are sent electronically via the email address(es) provided on your intake forms. If you prefer to use a different email address to receive your child's evaluation report, please let us know ahead of time. _____ (initial here)

I, _____, parent/guardian of _____
acknowledge that I have read and understand the Policies and Procedures regarding speech-language therapy with The Speech Space, LLC and I accept the terms of agreement.

Signature

Date