



Office Policies and Agreements

THERAPY POLICIES

Speech Matters, LLC provides a model of care that allows our clients to maximize their potential for progress. Our therapy policies allow us to serve each client by reserving weekly appointments and accommodating the need or request for additional therapy.

Cancelled Appointments

24 hours' notice is required for any cancelled appointment. Failure to provide 24 hours' notice will result in a **\$25.00** cancellation fee charged to your account. Exceptions will be made for occasional and unavoidable circumstances, such as sudden illnesses, that do not allow for advance notice.

Attendance

Consistent attendance contributes to effective progress. We expect an attendance rate of at least 85%. Abuse of this policy may be subject to a charge and/or discontinuation of services.

Make-Up Sessions

We encourage our clients to reschedule cancelled appointments to ensure consistent service delivery. Your therapist will work with you to reschedule your cancelled appointments for planned holidays, vacations, extracurricular events, etc.

No-Show

Our therapists spend time planning and preparing for each therapy session. Missed appointments without prior notice (either directly to the treating therapist or administrative staff) will be charged at the private pay rate. This fee is not billable to health insurance.

_____ **I acknowledge receipt of and agree to the therapy policies of Speech Matters, LLC outlined**
Initial **above.**

AUTHORIZATION TO VIDEO/AUDIO RECORD

Speech Matters, LLC may utilize video and/or audio recordings for the purpose of evaluation and treatment. These recordings may be shared with the client's education team, medical professionals, treatment providers, etc. for the purposes of coordinated care.

_____ **I grant permission to Speech Matters, LLC to utilize video and/or audio recordings while**
Initial **providing services to me/my child.**

HIPAA PRIVACY NOTICE ACKNOWLEDGMENT

Speech Matters, LLC is required by law to keep your health information safe. This information may include notes from your doctor, teacher, or other health care providers; your medical history; your test results; treatment notes; and insurance information.

Speech Matters, LLC is required by law to give you a copy of our privacy notice. This notice explains how your health information is used and/or shared. It also explains you how you can obtain your information and comment on it.

_____ **I acknowledge receipt of Speech Matters, LLC’s Privacy Notice.**

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PAYMENT AGREEMENT

As a courtesy to our clients, Speech Matters, LLC will verify, process and file clients’ insurance company claims. Speech Matters, LLC is contracted with a number of insurance providers. Please check with Speech Matters, LLC to verify acceptance of your insurance plan.

Acceptance of your insurance plan is not a guarantee of payment. Speech Matters, LLC will work with your insurance company to arrive at the best possible estimate of your co-payment/deductible for your treatment. Speech Matters, LLC, however, does not make any representation as to payment by your insurance company. If insurance benefits are reduced or denied as determined by your insurance plan, the balance due is the full responsibility of the client/guarantor. It is ultimately your responsibility to familiarize yourself with your insurance coverage. All charges incurred are your responsibility regardless of insurance coverage, insurance benefits, deductibles or status of claims. Payment is due at the time of service, and can be made via credit card, cash, or check. Speech Matters, LLC’s Payment Agreement includes the following:

1. Agreement to pay for services at the time they are rendered;
2. Understanding that the client/guarantor will remain responsible for payment to Speech Matters, LLC for all services provided that are not reimbursed by the client/guarantor’s insurance company;
3. Permission for the client/guarantor’s insurance company to remit payment directly to Speech Matters, LLC for billed services thus waiving the right to directly collect insurance reimbursement; and
4. Any costs incurred by Speech Matters, LLC for any returned checks or insufficient funds is the client/guarantor’s responsibility.

_____ **I acknowledge receipt of and agree to the Payment Agreement outlined above.**

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CONSENT TO TREAT VIA TELETHERAPY

When in-person therapy cannot take place, Speech Matters, LLC will serve its clients through telepractice if the client is willing and able to participate in teletherapy.

As defined by the Massachusetts Board of Registration for Speech-Language Pathology and Audiology, “telepractice” and “telepractice services” mean the application of telecommunication technology to deliver speech-language pathology or audiology services as defined by G.L. c. 112, § 138, but not including initial assessment of clients, using audio-visual mechanism in real-time (synchronous), stored and recorded sessions (asynchronous), or a combination of real-time and recorded sessions (hybrid models). “Telepractitioner” means a speech-language pathologist or audiologist who provides telepractice services after obtaining the initial training as outline in the Telepractice State Licensure Board Requirements.

Consent to Treat Via Teletherapy Policy:

1. I have the right to withhold or withdraw my consent to teletherapy, in writing, at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information (HIPAA) also apply to teletherapy, as do all other applicable Company policies, e.g. Payment Agreement.
3. I understand that through no fault of the Company there are certain unavoidable risks associated with engaging in teletherapy, including, but not limited to: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. I understand that teletherapy based services and care may not be as complete as face-to-face services. Should the Company, in consultation with the client's treating therapist, make a clinical judgment that teletherapy services are not effective, the Company reserves the right to discontinue teletherapy in accordance with "best practice" standards and refer the client to in person therapy services.
5. I understand that I/my child may benefit from teletherapy, but that results cannot be guaranteed or assured.
6. If I have concerns regarding teletherapy, I will direct my concerns, in writing, to info@speechmattersma.com.
7. I understand that I am responsible for: (1) Providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) Ensuring information security on my computer, and (3) Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my/my child's teletherapy session.

I acknowledge receipt of and agree to the Consent to Treat Via Teletherapy outlined above.

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In consideration for the professional services rendered to me or my child, by Speech Matters, LLC, I acknowledge receipt of and agree with Speech Matters, LLC's Office Policies and Agreements outlined above.

Parent/Guarantor Signature

Date

Parent/Guarantor Name (Printed)

Client Name (Printed)