

GENERAL POLICIES

Sessions take place in the home in a quiet area. The dining room or kitchen usually work best. You are welcome to observe at any time. Parents often take advantage of the time to be with other children or do other household tasks and leave the room. Parents SHOULD NOT leave the house. The last 5-10 minutes of the session may be used for parent review and suggestions

* A non-cluttered, quiet space should be made available.

Cancellations/No-Shows

Your child's progress in treatment requires a regular commitment to your appointment time. Please do not schedule other appointments or activities at the same time as your child's appointment without first checking with me to see if we can reschedule you.

Please call to cancel if your child has any of the following symptoms:

- Persistent runny nose – If your child has a minor cold, please call to discuss as early as possible prior to your child's appointment.
- Thick nasal discharge or mucous – this can signal infection.
- Persistent cough.
- Elevated temperature.
- Sore throat or swollen glands.
- Vomiting, diarrhea or upset stomach.
- Unexplained or contagious rash or spots.
- Head lice.
- Unusual fatigue or generally not feeling well.

* These are legitimate reasons to cancel as your child will not benefit from the session.

* It is very important to call if you are not sure if you should cancel the session. If you need to cancel an appointment, please call or email me (spezy@optimum.net) at least 24 hours in advance. When 24 hours notice is given, cancelled appointments may be reschedule as time permits, but a make-up session cannot be guaranteed. If you need to cancel the day of the session, please call my cell phone at 203-273-8355. Cancellations are limited to 10 per year with a maximum of 3 cancellations within a 90-day period. After your allotment of cancellations is reached, you will either be charged for future cancellations or your child's slot will be given up to a child on the wait list.

"No-shows" will be charged the rate of the full session. Due to the scheduling disruption that results, no-show fees will be automatically charged to you as these appointment's cannot be rescheduled.

Payments

- Fees for speech-language pathology services are paid at the end of each session.
- Consults by phone or at the child's school will be charged a \$50 consult fee.
- A statement with applicable codes will be provided each month for you to submit to your insurance company.

The above policy becomes effective as of the date of this signed form. These policies supersede any previous policies, both verbal and written.

Please print and return this entire document to us with your signature. We will give you a copy for your records.

I have read and agree to the above policies.

Signature of Parent or Legal Guardian: _____

Relationship to Child: _____

Date: _____

Child's Name: _____ Child's Date of Birth: _____