

TEGA CAY SPEAKS

PRACTICE POLICIES AND PROCEDURES AGREEMENT

PAYMENT PROCEDURE: Private pay clients are required to pay for services upon receiving therapy. We will bill your insurance company on your behalf for services performed. You will be responsible for your co-pay that will be collected at the time of service. You may pay by check or you may enter a credit card on file, to be billed monthly for co-payments. (initials) _____

24 HOUR CANCELLATION POLICY: If there is a need for cancellation and/or change of appointment, the Client(s) is to call Tega Cay Speaks' clinicians to inform him/her of your need at least 24 hours prior to the appointment. If it is less than 24 hours, there will be a \$25 charge. (initials) _____

EMAIL POLICY: It is the policy of Tega Cay Speaks to do email consultations under the following conditions: in cases where there is need for clarification of tasks/guidelines; when the clinicians can address the concern with a single reply, requiring less than a 10 minute response; and when the Client(s) has initialed this informed consent acknowledging this policy. (initials) _____

PHONE POLICY: Tega Cay Speaks will provide clients with current, working phone numbers. The clinicians will be sure to return your phone call within 24 hours. (initials) _____

TERMINATION: The Client(s) may terminate speech pathology at anytime. Cancellation must be in writing, by fax or E-mail, with at least a two week notice. (initials) _____

NATURE OF RELATIONSHIP: Tega Cay Speaks will concentrate efforts on improving speech and language skills, enhancing behavior and play skills as well as establishing habits that produce success at home and at school. Sessions may also include coaching parents in ways to modifying child behavior, increasing compliance and developing self-esteem

CONFIDENTIALITY: Tega Cay Speaks recognizes that the Client(s) will likely discuss confidential issues during the sessions, any of which might include: family issues or concerns, marital difficulties, problems with children, future plans, financial information, job information, goals, personal information, and other private information. Tega Cay Speaks will not at anytime, either directly or indirectly, voluntarily disclose, or communicate this information to a third party. Tega Cay Speaks will not voluntarily divulge that Tega Cay Speaks and the Client(s) are in a therapeutic relationship without the expressed written permission of the Client(s). This confidentiality agreement does not apply to illegal activities, child abuse, or plans to conduct harmful or illegal activities.
(Client initials) _____ (Clinician initials) _____

Your initials and signature upon this document indicate your acceptance of all conditions listed therein.

The Client(s):

(Print Name) _____ Date _____

(Signature) _____

(Print Name) _____ Date _____

(Signature) _____

Clinician:

(Print Name) _____ Date _____

(Signature) _____