

POLICIES AND CLIENT AGREEMENT PERMISSION TO EVALUATE AND TREAT

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Please review the following Policies:

1. I serve the North Shore and travel to your home, your child's daycare or school to conduct evaluations and therapy. All **home and school** therapy visits are booked for one hour (45-50 minutes therapy and the remainder of the hour for consultation as appropriate as well as immediate written feedback post-session). The written feedback outlines goals, materials used, strategies, skills observed, and suggestions for home practice to generalize the skills.
2. At various times of the year, Valerie A. Cundiff, M.S. CCC-SLP, Registered Speech Language Pathologist (Practitioner) will be away from the office or unavailable to conduct a therapy session. You will be notified of the dates (when applicable). Please inquire about the possibility of a make-up session. Practitioner is not obligated to make up any missed sessions due to illness or unforeseen circumstances of client or Practitioner.
3. Scheduling: The Practitioner will do her best to accommodate a certain day or time for therapy for your child if available, however due to the dynamic nature of scheduling, occasional changes may occur. You will be informed of options in this case. Thank you for your flexibility.
4. Inclement weather and travel: At times the roads may be deemed unsafe for the Practitioner to travel, at her discretion. You will be notified; thank you for your understanding.
5. **Cancellations**, etc.: If you must cancel an appointment, kindly let me know ASAP so that I can offer the time slot to another client. *****If your child is ill on the day of therapy please contact me ASAP by TEXT 778-867-0395 (at least 2 hours before). Your child will not be at their best for learning and we would like to prevent the spread of germs. You will not be charged in this case.*** While I understand that occasional cancellations do occur, excessive absences for any reason with or without reasonable notice may result in the Practitioner terminating services and offering the time slot to another child. Consistent client attendance is integral while learning new skills. The appointment time will not be extended for those who are late in consideration of keeping a timely schedule for other clients, nor the fee prorated for those who are late or must leave or end the session early. Practitioner is not obligated to make up the session in such cases.
*Please ensure for school visits that appointment times will not conflict with any special assemblies, etc. that your child will be participating in, particularly around the holidays as I will not pull them out of those special events for therapy (your child will understandably be upset and it will not be productive moving forward).
Improper notice of cancelled session or conflict that results in the Practitioner arriving on site and unable to conduct the session will incur a \$75 charge. Therapy sessions will not resume until payment is made. In short: please be courteous and give me advance notice for any type of cancellations; I've reserved the time for travel and the session for your child.
6. **Age Served**: The practitioner provides services to toddler/preschool, and sometimes Kindergarten ages. If your child continues to need services beyond kindergarten, it is your responsibility to make arrangements with another practitioner in advance to facilitate ease of transition.
7. Regular sessions are conducted September to approximately late June. If you would like continued therapy visits for your child during the summer, please visit the Speech and Hearing BC website to find a practitioner that conducts summer sessions. It is advised you research your options 3 months ahead of time.
8. There will be no guarantee that treatment will be successful, and the Practitioner will not be held liable in such cases. If a child reaches a plateau in treatment (progress is not continuing at a steady rate) or if the therapeutic partnership is not productive for any reason, the Practitioner reserves the right to terminate

treatment and reinstate it at a later date or refer the client elsewhere. Client also reserves the right to discontinue treatment at any time.

9. **Fees:**

***Note:** *All clients must have a current assessment before therapy commences. If client comes from another agency or practitioner, assessment with Practitioner may be waived if documentation is provided in the form of a typed report and goals/therapy plan indicated by a speech language pathologist within the last 6 months only. It is important to have the most current levels of your child's speech and language development for appropriate session planning.*

Articulation/Speech Assessment \$300. Includes one hour initial visit to the home or school to assess articulation/phonological development (speech sounds and patterns of sound errors), case history review, diagnostic interpretation of results, immediate verbal and written feedback of your child's current levels as compared to developmental norms. A typed report including clinical findings, clinical impressions, recommendations and a therapy plan with initial goals if therapy is recommended will follow.

Language Assessment \$675. Includes TWO 75 minute home visits, case history review, articulation/phonological system ability as applicable, receptive and expressive language skills (understanding and use of language) by any combination of formal and informal measures, observation, and parent report, a brief observation of parent-child play interaction, and diagnostic interpretation of results, clinical impressions and recommendations. Also includes typed report to follow which includes clinical findings and therapy plan with initial goals (if therapy is recommended) as mentioned above as well as initial suggestions for the home, if applicable.

Therapy \$150. (\$140 therapy session + \$10 flat travel fee). My quoted therapy rate includes not only the scheduled therapy time but documentation and lesson planning as well, which is conducted outside of the therapy visit. These activities, plus occasional brief telephone conferences between sessions (5 minutes) are considered part of the intervention program, and no additional charges will be made.

*Practitioner will discuss treatment options with you (i.e., frequency of therapy recommended).

Optional Services:

Conferences/Consultation or Team Meetings with Parents, teachers, child supported development team or physician **\$150 per meeting (North Shore only), not to exceed one hour.**

Progress Reports \$150

Home Program \$150

Brief phone consultation or communication with individuals within the circle of care of client (for example, if your child transitions to another speech pathologist, speaking with child's teacher, etc.): NO CHARGE (I will simply need your written consent to share information with the individual)

AGREEMENT TO TERMS OF PAYMENT

I, _____ acknowledge and accept full and complete responsibility for payment of all services rendered to my child by Valerie A. Cundiff, M.S. CCC-SLP Speech Language Pathologist (Practitioner) and Registered SLP. *I understand that payment by cash, cheque or Etransfer is due at the time of evaluation and/or treatment.* Receipt will be provided the day of service. I understand that health insurance policies are an arrangement between my insurance company and myself, that all services rendered are charged directly to me, and I am personally responsible for payment. I agree to allow the Practitioner to release any information that is requested by my insurance company. Each payment for evaluation and intervention is to be made directly to the practitioner, even if insurance coverage is arranged (The insurance company reimburses the client, not the Practitioner). I have read and accept the policies of Valerie A. Cundiff, M.S. CCC-SLP(R), Speech Language Pathologist (Registered). I understand that I am responsible for timely payment, at the time of service.

Signature of Parent or Legal Guardian

Date

PERMISSION TO EVALUATE

I give permission to Valerie A. Cundiff, M.S. Speech Language Pathologist to evaluate _____'s speech or speech and language skills.

Signature

Date

PERMISSION TO TREAT

I give permission to Valerie A. Cundiff, M.S. Speech Language Pathologist to treat _____'s speech and/or language disorder. I understand that I may discontinue services at any time.

Signature

Date