



**PATIENT SERVICE AGREEMENT- Patient Copy (Please retain)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. It is the patient/parent(s)/ guardian responsibility to inform Family Speech & Therapy Services, LLC of any and all changes in insurance information including group policy number, identification number, policy holder, address etc. as soon as possible. Failure to provide this information may result in total patient responsibility for charges billed.
2. Consent to Treatment. I authorize Family Speech & Therapy Services, LLC and its employees to provide speech and occupational therapy evaluations and treatment to me. No guarantees have been made to me about the outcome of therapy.
3. Attendance Policy: If you are not able to attend a scheduled appointment *for any reason*, you will be required to reschedule that appointment within 30 days or you will be charged a fee of \$30.00. A fee of \$50.00 will be assessed for *every* appointment that is missed without prior notification. (See Attendance Policy for further details). If appointments are missed frequently, we may need to make changes in treatment frequency and/or refer you to another clinic.
4. Arrival Policy: Please arrive 5 minutes prior to your scheduled appointment time. If you arrive later than your scheduled appointment time, you will be seen for the remainder of your session.
5. Payment Policy: You will be responsible to pay any co-payments required by your insurance company at the time of your appointment. We are willing to file claims to your insurance company on your behalf. However, you are ultimately responsible for payment of services rendered.
6. Discontinuation Policy: When termination of therapy services is voluntary, Family Speech & Therapy Services, LLC requires two weeks notice. If two weeks notice is not given, cancellation fees will be applied.
7. Family Speech & Therapy Services, LLC is a teaching facility and at times has volunteers and speech and occupational therapy students here to observe and learn. I authorize Family Speech & Therapy Services, LLC to have students and/or volunteers observe treatment. I further authorize supervised students to work with me or my child.
8. Family Speech & Therapy Services, LLC will occasionally videotape or audiotape patients for the uses of evaluation or treatment. These videos and/or audiotapes are solely used by the therapist and will remain confidential. Videos and/or audiotapes will not be released for any other purpose without prior knowledge or specific consent.
9. Any questions or problems with services provided by Family Speech & Therapy Services, LLC should be directed to, Debbie Lewis, Privacy Officer for Family Speech & Therapy Services. We as providers will in no way retaliate because of a complaint.

Patient, Parent/Legal Guardian	Date	Family Speech & Therapy Services, LLC Representative	Date
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