



POLICIES & CONSENT

Client: _____

Thank you for choosing *Connect Speech*. It is very important that you be informed of the processes for assessment and therapy while you are under the care of your clinician. Speech-language therapy is a partnership and your commitment and diligent participation in therapy is the key to your success.

Please print off this document, review the policies below and carefully read over the consent forms. Then sign and date where indicated. These forms will be collected at your first visit and kept in your file. If you have any questions or concerns, please do not hesitate to contact us.

Informed Consent for Speech-Language Pathology Screening / Assessment

I, _____, hereby provide my consent for a registered speech-language pathologist with *Connect Speech* to conduct an initial screening or assessment as part of my speech-language pathology service. My clinician will verbally review benefits, risks and alternatives prior to completing the service. I understand it is my responsibility prior to and throughout the screening/assessment process, to fully disclose any relevant medical information as it pertains to my health status. By signing this consent form, I indicate that I have read and understood the information contained above, and that I agree to participate in the initial screening/assessment. I am aware that I can withdraw my consent at any time.

_____	_____	_____
Client	Signature	Date
_____	_____	_____
Substitute Decision Maker	Signature	Date

Informed Consent for the Collection and Release of Personal Information

I, _____, understand that in order to provide me with speech-language pathology services, *Connect Speech* will collect health and personal information relevant to the services being provided. I understand that I have a right to review personal information collected by *Connect Speech* and that I have the right to be given the opportunity to ask any questions or seek clarification. I understand that *Connect Speech* has a policy and procedure in place for the proper collection, use, and disclosure of personal and health information and that the policy and procedure is available upon request. As such, I provide my informed consent for the **collection of personal and health information from the persons/agencies that I specify below to *Connect Speech*.**

I also hereby authorize *Connect Speech* to **make copies of and release information** of relevant health/medical/rehabilitation nature with the **persons/agencies that I specify below, such as my physician, school, other therapist(s)**. I understand that this information may be used to facilitate the administration of medical/rehabilitation services, planning, and/or advocacy on my behalf and for no other purpose. I understand that the privacy and confidentiality of my personal information will be maintained. I further understand that I have a right to withdraw my consent at any time.

List person(s)/agencies/school/physician

Phone

Address

Further, in consideration of treatment and educational purposes, I give consent that sound recordings, records, and/or photographs may be used as deemed helpful by the staff at *Connect Speech*. I understand that the information may be discussed with other Speech Pathologists within *Connect Speech* and/or my physician regarding evaluation and/or treatment goal strategies.

Client	Signature	Date
Substitute Decision Maker	Signature	Date

Informed Consent for Communication via Electronic Mediums

I, _____, understand that communication via electronic mediums (ie. email, text messaging, etc.) is not absolutely secure and that as part of the transmission process, messages may be copied to servers operated by third parties while in transit. I understand that *Connect Speech* will not disclose any of my personal information that may be exchanged via electronic mediums, and that appropriate safeguards have been put in place to mitigate accidental transmission of my personal information to non-authorized individuals or agencies.

In addition, in compliance with Canadian Anti-Spam Laws, I give *Connect Speech* permission to send me information such as appointment confirmations, follow-up, news and events. I therefore provide my informed consent to communicate with *Connect Speech* via electronic means, such as email or text messaging. I can opt-out from these electronic forms of communication at anytime by notifying *Connect Speech*.

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Home Visit Policy

Home visits are weather-dependent and the clinician reserves the right to cancel at any time due to unfavourable weather and/or driving conditions. The clinician will make every effort to be punctual but is not responsible for delays due to traffic or construction. Please note that any employee or contractor of *Connect Speech* reserves the right to use their discretion to vacate homes and/or residences where environmental hazards and/or risks to health and personal safety may be present. Examples of hazards and risks include but are not limited to second-hand smoke, aggressive pets, allergens, unsafe and/or unsanitary conditions, abusive and/or offensive language, and/or any behaviour and/or any other

circumstances that may be perceived as threatening and/or unsafe. The completed session fee is payable prior to rescheduling the next session. The clinician reserves the right to discontinue scheduling future home visits with client until the hazards and/or risks are confirmed to be removed or absent.

Attendance and Cancellation Policy

Speech-language therapy is an investment. Consistent, regular therapy attendance and consistent completion of home therapy practice is essential to get the most out of your therapy. In the event that you need to cancel or reschedule a therapy session, here are the policies to be aware of:

Cancellation and 'no-show' policy: Extenuating circumstances notwithstanding, 24 hours notice of cancellation is required. If less than 24 hours is given, or if client does not attend a scheduled session, a \$50 cancellation fee will apply and is payable prior to the start of the next session.

Late policy: All sessions will end as scheduled and the full rate will be charged regardless of start time.

General wellness policy: If you are feeling unwell, then please notify the clinician immediately and only reschedule once you have been symptom-free for at least 24 hours. If less than 24 hours notice is given, the clinician will use his/her discretion to determine if a cancellation fee will apply.

Client	Signature	Date
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Informed Consent for Program and Service Fees

Service fees are in accordance with the fee-for-service guidelines recommended by the Ontario Association of Speech-Language Pathologists & Audiologists (OSLA). The following fee schedule applies to in-office sessions (**additional travel premium rates apply for home/community sessions*):

FEE SCHEDULE

SERVICE DESCRIPTION AND FEE INFORMATION

Initial Phone Consultation	Telephone consultation to discuss your individual concerns, gather information and offer options for next steps.
Time	20-30 minutes
Fee	No charge
Screening	Overview of speech, language, communication, cognitive-communication or swallowing concerns to determine if a problem exists and extent of clinical assessment indicated.
Time	30 minutes, one-time fee.
Fee	\$70
Initial Clinical Assessment	Clinical interview and informal and/or formal assessment measures to assess the concern/reason for referral. Also applies to clinical bedside swallowing assessments.
Time	Four levels, ranging from 45 minutes to 4 hours. See below for details.
Fee*	Four levels, ranging from \$130 – \$600. See below for details.
Notes and Reports	<ul style="list-style-type: none"> • Initial Assessment Summary Note: clinical impression, goals, recommendations; 1-2 pages. • Initial Assessment Comprehensive Report: detailed review of records/reports, background information, results/scores, clinical impression, goals and recommendations; 3+ pages. • Progress/Reassessment Report: goals, progress, test results, recommendations; 1-2 pages
Time	<ul style="list-style-type: none"> • Initial Assessment Summary note: 30 min- 1 hour • Initial Assessment Comprehensive report: 2-4 hours • Progress/Reassessment report: 1-2 hours
Fee	Initial Assessment Summary note: <i>included, no extra fee</i> All other reports: \$130/hour NB: \$130 report deposit required. Balance is to be paid before report is released.
Therapy	Personalized therapy targeting the goals from the clinical assessment.
Time	Standard session: 1 hour. Intermediate session: 45 minutes. Short session: 30 minutes. (Includes 5-10 minutes of home practice review, and consultation time).
Fee*	Standard 1 hour: \$130. Intermediate 45 minute: \$100 Short 30 minute: \$70
Group Therapy	Therapy in a small group for individuals of similar age and goals.
Time	60 minutes/session.
Fee	\$80 (a set rate for a block of sessions may apply)

Initial Clinical Assessment Fees

As listed above, there are four assessment levels, tailored to suit the range of needs for the various client populations we serve. The clinician will use all available information gathered during the initial consultation, along with best clinical judgment, to recommend the most appropriate assessment level. The recommended level is based on each individual's factors, including but not limited to: area(s) of concern/reason for referral (to decide what and how many measures to administer, materials required), age (to ensure appropriate assessment measures and methods), behavioral functioning and cognitive

status (to fully participate in and tolerate the assessment), and previous, recent SLP assessment information made available. The assessment level options are detailed here:

ASSESSMENT LEVELS AND CRITERIA	COST	NUMBER OF SESSIONS	ESTIMATED TOTAL ASSESSMENT TIME <i>or</i> TEST MEASURES REQUIRED
LEVEL 1: STARTER SESSION	\$130	1	45 minutes
			Informal assessment, form review and initiate therapy
LEVEL 2: BRIEF ASSESSMENT	\$200	1	1 hour
			3 measures (e.g. 2 informal measures + 1 formal measure)
LEVEL 3: STANDARD ASSESSMENT	\$350	1	1 – 2 hours
			4 measures (e.g. 2 informal measures + 2 formal measures)
LEVEL 4: COMPREHENSIVE ASSESSMENT	\$600	2-3	2-4 hours
			5 or more measures (e.g. 2 informal + 3 formal measures)

Assessment levels are determined based on client's provision of previous, recent (past 6-12 months) clinical/assessment information (results, goals, current progress) AND/OR total estimated session time required AND/OR number of assessment measures recommended. Assessment plans may need to be adjusted based on client's performance/behaviour. Adjustments will be communicated in advance. Informal measures include checklists, rating scales, online cognitive assessment, observation, play-based interaction (pediatric clients), speech/language/reading/writing samples, non-standardized tests, etc. Formal measures include standardized tests/measures. Note, each measure administered involves additional time for preparation, scoring and/or analysis.

Additional fee information:

***Travel**

Above fees are an additional \$30.00 (travel premium) for any travel to a client. Sessions must be a minimum of 1 hour. Fees for mileage at a rate of \$0.55/km may also apply. For clients living outside of London, Ontario city limits please request a custom quote.

Payments

Payments are due at the end of each session. You may pay by cheque (payable to *Kerry King, Connect Speech*), email money transfer to info@connectspeech.ca (within 24 hours of the end of session, **etransfer password: connectspeechlondon**), cash (exact amount), or VISA or Master Card payment. Any outstanding fees are due prior to the start of the next session. Unpaid fees that are more than 30 days overdue will be subject to a late-payment fee of \$25, accrued each additional month (30 days) thereafter. All applicable taxes are included in the rates above. Payments are non-refundable. You will be provided with an emailed receipt after session.

Discounted block therapy rates

You are given a 10% discount for a block of 6 therapy sessions booked and paid in advance. You will be provided with a single invoice upon payment, and individual receipts following each session.

Funding and reimbursements

Please note that private speech-language pathology programs and services are not covered through OHIP. You may have extended health benefits coverage through your workplace employee group

benefits/insurance plan, WSIB, auto insurer (if motor vehicle collision-related), government programs (e.g. Jordan's principle for Indigenous peoples/clients of First Nations heritage), Blue Cross (for veterans) etc. Connect Speech does not direct bill. See www.connectspeech.ca for charitable funding ideas and insurance information. Additionally, expenses may be considered for income tax purposes. A \$10 fee will be charged for request of duplicate receipts.

Non-sufficient funds

NSF cheque charge is \$50.00.

Service fees inclusions and exclusions

Fees are a fair reflection of the cost of business required to serve clients and are based on the recommended fee schedule set by OSLA (see fee schedule above).

Fee inclusions: Service delivery fees listed above include direct (clinician-client interaction) and indirect services (client-related services), including but not limited to:

- Clinical assessment planning, preparation
- Clinical assessment session time
- Scoring assessment measures
- Transcribing/analyzing samples, recordings
- Analysis and integration of scores, findings
- Initial assessment note (see above)
- Therapy goal planning and programming
- Therapy session analysis, preparation time
- Therapy session material development
- Therapy session time
- Review of received reports, documentation
- Brief communication (less than 10 minutes) with client or others involved in client's care (e.g. SLPs, physicians, teachers, caregivers). Includes all faxes, texts, online video meetings, emails or phone calls.
- Ongoing documentation in file

Fee exclusions: You will be notified in advance, whenever possible, of additional client-related services and activities that are not included in above fees and are therefore billable separately. The hourly rate of \$130/hour will be billed for, but is not limited to:

- Comprehensive assessment report or progress or reassessment report (See above).
- Detailed assessment review with client/family (full assessment review of findings/results typically occurs during initial therapy session. If client/family requests otherwise, hourly rate may apply).
- Administration/documentation (e.g. completing forms) or notes (e.g. discharge note).
- Reproducing and distributing additional report copies at client's request.
- Extended communication, consultations, meetings, etc., lasting longer than 10 minutes in duration. Fee may apply for email, fax, text, online video, phone, or in-person communication. Hourly rate may be charged in 10 minute increments.
- Creating custom supports for client (e.g. visual timetables, conversation books, memory aids, etc.).
- Creating a home practice program during planned breaks in therapy or when therapy is complete.

By signing below, I indicate that I have read and understood the information and policies presented in the fee schedule and fee details above. I agree to pay the fees as outlined and understand that I may discuss any questions or concerns with my clinician. All rates are subject to change without my prior approval. I will be notified in advance of any rate changes.

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Substitute Decision Maker	Signature	Date