



Registration Contract & Office Policies

Hamaguchi & Associates Pediatric Speech-Language Pathologists, Inc.

(To be filled out after a schedule has been offered/accepted for ongoing therapy services)

Child's Legal First Name: _____

Parent Filling Out this Form: (Print) _____

Please leave messages on the following phone in case you need to reach our family regarding scheduling, therapist sickness, or emergencies during the school year: _____

May we leave a message for you on this number? Yes No

Best email to reach you: _____

*****Please initial to the left of each numbered item to assure that you have read and understood each item*****

I am registering my child for therapy at Hamaguchi & Associates. I understand that:

_____ **1) Therapist Fit and Therapy Approach:** At Hamaguchi & Associates, we pride ourselves on working to help your child maximize his/her potential and make progress as quickly and efficiently as possible. We also want you to feel comfortable with the therapist and his/her approach. We know that sometimes children click with a certain therapist or personality type and sometimes they don't. We ask new clients to wait for at least 3-4 sessions to see if it is a good fit. If it is not, or if you have concerns about your child's therapy approach or rate of progress, please contact our Director of Clinical Services (Kristen White kwhite@hamaguchiandassociates.com) and share any questions or concerns. We want you to feel great about the services you receive at our office!

_____ **2) Annual Testing:** We generally start with our own testing or recent testing from other providers. That said, at least once a year we have to retest certain subtests to check for progress, and perhaps test new skills/concepts if we feel there are new concerns that need to be explored or more advanced skills we think your child is ready for. We then update your child's goals accordingly. Assessment sessions are billed at twice our therapy rate. Retesting is generally 1-2 sessions per year.

_____ **3) Progress:** It is very important to us that your child makes continued progress during his/her therapy program. We also want your child to be participatory. A child who is crying/screaming persistently or refusing to participate despite our best attempts may not be ready for the kind of therapy we do or may be burned out with too much therapy. Some children may not respond as hoped with teletherapy sessions and would make more progress with in-person sessions. And so occasionally, a child may need a different kind of program than one we can provide or that we initially set up. In these cases, we will need to refer out or change the type of session or even the therapist.. Sometimes an active child is more appropriate for a therapy model that pairs an Occupational Therapist with a Speech Pathologist (co-treat sessions) or even perhaps at-home services, which we may be able to provide. *Our goal is to always be ethical in all ways we do business*, and so if we feel our training or set-up is not the best fit for your child, we will help you find someone (or somewhere) that is!

_____ **4) Current Fees:**

Individual Session Fees are: \$113 per half hour; \$170 per 45 minutes, \$226 per hour in-office (at-home services are \$310 per hour)

Group Sessions are scheduled when appropriate. Fees for each child are: \$160 per 60-minute session for a group of three or more children, \$120 per 45-minute session for a group of 3 or more children, \$153 for a 45-minute group of 2 children. *You will be billed for whichever fee is appropriate, depending upon the number of children attending the group that day.*

Payments are made via ACH (bank withdrawal), VISA, or check. A credit card must be kept on file in the event we have not been able to collect a check in a timely manner.

When you have a scheduled therapy time, you are contracting for a specified amount of our professional time (usually 30, 45 or 60 minutes). Direct therapy is usually concluded about 5-7 minutes before the session is over in order to review the exercises with you and answer any questions you may have. All conversations need to take place during the child's scheduled therapy time. With rare exception, we prefer that email communication is not used to query or discuss issues with our therapy staff members as our fees are time-based. We are happy to reschedule when we can, but with the tight schedules our therapists tend to have (especially after lunch) it is often difficult or impossible to do.

_____ **5) Attendance/No-Show/Cancellation Policy:** Your child is expected to attend therapy on the day/time scheduled. If you are late, you will still be billed the usual fee and the session will conclude at the scheduled time. If you do not call ahead and cancel or **give less than 3 hours' notice**, you will be billed the full fee. In cases of emergencies (accidents/medical crises) we will consider late notice waivers on a case-by-case basis. No-shows are charged the full fee for the session. (Fully-paid sessions are not counted towards absences.)

Insurance companies do not reimburse for no-show appointments. If you need to change your in-person appointment to a teletherapy appointment due to a last-minute situation, your therapist will need about 10 minutes to prepare if given less than 3 hours' notice. Therefore, the teletherapy appointment would start 10 minutes later than the usually-scheduled appointment, but will still need to conclude at the usual time and will be billed the full amount. (This is a good option if you have a sick sibling and need to change plans!)

_____ **6) Arriving Late to your Session:** If you are late to arrive at your appointment, your child's session will still need to conclude at the usual time in order to keep our schedule on track and you will be billed for the entire scheduled session.

_____ **7) Late Pick-up of Children After the Session is Over:** Children who are not toilet trained or are unable to independently use the bathroom cannot be dropped off for therapy. An adult must stay on the premises at all times. If a child is able to be dropped off, the parent must be back at our office 5 minutes or more before the session is scheduled to be concluded. *Hamaguchi & Associates cannot provide babysitting services.* Our office staff is busy answering phones and taking payments and cannot supervise children.. Failure to return in time for pick up will result in a phone call contact from our Director. A repeated issue with on-time pick-up will necessitate a parent be required to wait on-site for the duration of the child's session.

_____ **8) Additional Services: Communication with Other Professionals, Treatment Plans and Reports:** We will be happy to speak to whomever you would like via phone regarding your child's program, (physician, OT/PT, etc.) at no additional charge if the conversation is 10 minutes or less. Consultation fees are required for conversations longer than 10 minutes. An Exchange of Information form will need to be filled out, available at the front desk or by emailing Candace (frontoffice.hamaguchi@gmail.com), in order to do so. Max 4 contacts per year without additional charges. **Treatment Plans and Reports:** Please fill out the "Additional Services" request form to request a report for your insurance or school or simply for your records. There are fees associated with these additional services.

_____ **9) Holiday Closures:** The following dates are holidays and times the office is closed. If you celebrate a religious holiday that is not listed here, please let the office know at the time of registration and your child will also be exempted those days as well (up to two dates, maximum, please). Please note that only the actual religious holidays are exempted if they fall on your child's therapy appointment day, *not vacation times that surround those holidays.* We will post the holiday schedule every December for the upcoming year. These are for 2024-2025:

- Sept 2nd 2024 Labor Day
- November 28th and 29th 2024 Thanksgiving and the day after
- December 24th, 25th and 26th 2024 Christmas holiday
- January 1st 2025 New Year's Day
- February 17th 2025 Presidents' Day
- May 26, 2025 Memorial Day
- *Juneteeth we are OPEN*
- Friday, July 4th

_____ **10) Absences and Holding your Child's Slot:** Your child is allowed to miss up to 6 sessions per year if he/she comes once a week, 12 sessions if he/she comes twice a week, 18 sessions if he/she comes 3 times a week, etc. Group sessions are prorated in a similar manner, separately. The holidays listed above are not counted. *After that, you will be charged ½ the regular session fee of any session you cancel, for any reason to hold your child's slot.* You understand that insurance companies do not reimburse for cancellation fees. If we can, we will try to accommodate make-ups when available. If you are able to reschedule a missed individual therapy session, let our front office know, and that absence will not be counted towards your cumulative absences.

_____ **11) Staff Video/Audio Recording of Parts of Therapy Sessions:** The Hamaguchi SLP staff engages in ongoing training and collaboration to ensure that our staff uses consistent highly effective strategies and methods, many of which are unique to our practice that we have developed ourselves. In particular, when we train new SLPs the best way for us to teach/show our methods is by having them observe in-person sessions, but also clips of specific approaches that are demonstrated by other staff members. We would like your permission to allow us to video/audio record parts of your child's session for in-house training. These will never be shown publicly in any way. Please initial if you allow us to do this.

_____ **12) Cancelling the Program:** If you choose to withdraw your child for any reason, you will need to fill out a "Notice to Cancel/Change Therapy Schedule" form giving 15 days' notice. (This is counted from the day it is received, not mailed.) All sessions scheduled during the 15-day period must be paid for, regardless as to whether or not your child attends them.

_____ **13) Change of schedule:** Any change in schedule, including reducing the number of sessions per week, or changing the day or time, requires a 15-day notice via a "Notice to Change Therapy Schedule" form, which is counted from the day Hamaguchi & Associates receives written notice. Any sessions scheduled during the 15-day period must be paid for, regardless as to whether or not your child attends them.

_____ **14) Insurance:** Hamaguchi & Associates is an out-of-network provider for all insurance companies. We are happy to provide all requested treatment notes and copies of reports to your insurance company at no charge. If they require a written report (and we did not do your initial assessment) there is a fee for that, and it is included in the Additional Services Request form, and will take 2-3 weeks to complete.

_____ **15) Receipts:** We provide weekly or monthly statements at your request. We are happy to provide copies of these for the current year. After our accountants have closed out our books in early March, we cannot provide a custom or year-long summary of charges. We can only reprint or resend the original statements at any time, and can no longer provide courtesy custom printouts for specific blocks of time due to the time it requires.

_____ **16) Parental Authority to Commit to Services:** By signing this contract, you are signifying that you have the legal authority to make decisions about this child's care. If you have a custodial agreement due to a divorce, you will need to have your child's other parent sign as well, even if he/she is not financially responsible for paying for the sessions.

_____ **17) Refusal to Honor Contract/Hostility Towards Staff**
Please understand that our policies are not negotiable and must be uniformly enforced. If you are not prepared to honor these policies, please do not register for services as this is a legal contract. Refusal to honor the contract or hostility towards our staff (cursing/yelling/insulting/making a scene in the waiting room) will result in your child's dismissal from our practice.

_____ **18) Changing up Therapists:** Some children require long-time therapy support. In these cases, we prefer to change up the therapist assignment about every three years. This helps prevent burn-out and keeps the child engaged. We will let you know when that time is approaching.

_____ **19) Aging Out at Age Twelve:** Because our office is set-up to work with young children (and our training/materials are geared to it as well), we will begin thinking about a transition plan around the time your child is age twelve. If there are just a few months of treatment needed to finish up, we can extend it, but in general, we will need to refer you out to another practice at this age.

_____ **20. Recording Sessions by Clients:** Our sessions are private and may not be recorded (audio or video) by clients without the knowledge and consent of the staff member working with your child. All areas of the office (waiting room, hallways and therapy rooms) are private and may not be recorded without the permission and consent of our staff.

_____ **21) Supervision of Children:**

Please make sure you closely supervise your children in the courtyard of our office building. As it is a business office building, please do not let your children run around the courtyard, scream or disrupt the other businesses. Children must remain on the sidewalk at all times.

_____ **22) IEPs and Legal Proceedings:** We will generally decline to participate in IEP meetings, legal proceedings, or marital/custodial squabbles, particularly as it relates to scheduling and payments. You must work out these issues before contacting our office. Our office will not act as a mediator between custodial parents.

_____ **23) Aggressive Behavior Towards Staff or Other Children:** If your child assaults (kicks, bites, hits, pushes down, throws objects at, scratches, threatens bodily harm, etc.) our staff or another child, we will need to talk with you about the situation and come up with some strategies to avoid further issues. If we feel our staff or other clients are not able to feel safe or there are recurring issues, we will likely opt to discontinue services. This is decided on a case-by-case basis, depending on the child's size, and the severity of the situation. We must provide a safe environment for our staff and clients.

_____ **24) Recording of Teletherapy Sessions:** We reserve the right to record all teletherapy sessions. These are used for the Director/Executive Director to consult with the treating SLP on your child's case, and also may be used for training purposes with other in-house therapy staff. In that event, we will not disclose identifying information other than the child's first name.

I agree to abide by the Office Policies set forth in this registration contract.

(Please print the name of the parent who is financially committing to pay for this program here)

* Signature of parent who is financially committing to pay for this program

Date

*If divorced and sharing joint custody under court order, both parents must sign below to give us permission to provide services regardless of who is paying for the services.

Please print the name of the second parent

Date

Signature of second parent who grants permission for services

Date

Payment Arrangements

Payments will be charged on your credit card or through ACH (direct bank withdrawal) the following Monday for the

previous week's charges.

- Automatic Bank Withdrawals:** I am attaching a voided check for ACH withdrawal and will fill out the information required in the box below. (If you have been doing ACH withdrawal all along, we don't need a new check. Only attach a voided check if you are switching over to ACH)
- Automatic Credit Card:** We will charge your credit card for all fees.
- *I will pay by check in person when I come for my child's appointments.
A credit card on file is still required in the event a payment is missed.

Sign Me Up for ACH! (Attach a Voided Check)

Automatic Payment Withdrawals Directly from Your Bank

____ (initial) I authorize Hamaguchi & Associates to withdraw all fees due to maintain my child's speech therapy program and account in good standing including registration fees, therapy/cancellation fees, report-writing fees, etc., per the office policies. Fees are withdrawn the date incurred or shortly thereafter. A statement/receipt will be sent or hand delivered the next month with the prior month's fees detailed. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Bank Name _____ City _____
(Depository) _____
where bank is located: _____ State _____
Zip code where bank is located: _____
Pick one: ___ checking ___ savings ___ money market fund

Routing number _____
Account number _____

Billing Address ___ same as home No, it's different: _____
Name on Account: _____
Signature: _____
Child's Name: _____
Today's Date: _____

You may revoke this authorization at any time by notifying Hamaguchi & Associates in writing that you are revoking this authorization, providing adequate notice to complete in-progress transactions.

Don't forget to include a voided check.

Please attach check here.



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Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, or American Express. Your card will be charged the corresponding amount for sessions which your child(ren) attend each week. Payments are processed on the Monday following each session. You agree that no prior-notification of each charge will be provided unless the date or amount changes. Only one authorization form is needed per family.

Please complete the information below:

I _____ (full name) authorize Hamaguchi and Associates to charge my credit card indicated below on a weekly basis for payment of sessions for

_____ or for any other fees I direct to be charged to my card.
(name(s) of children)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard American Express

Cardholder Name _____

Account Number _____

Expiration Date _____ **CVV2/CVC Code (3 Digits on Back of Card):** _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company unless there is an error.