



## Parent/Client Contract

Thank you for selecting Sharon Sokolik and Associates as your provider for speech and language therapy services. This contract identifies the expectations and duties of the speech-language pathologist, client, and/or client's parties for speech services to be provided. Sharon Sokolik and Associates, LLC and client/parent hereby agree to the terms set forth below:

### Notification of Legal and Privacy Policies

- Speech Therapy services are provided in the client's home, school or Sharon Sokolik's therapy office by our Georgia licensed and ASHA-certified (certificate of clinical competence) speech-language pathologists. Group events may be held outside of these events and the client or parent is responsible for any additional paperwork required by the event company.
- Sharon Sokolik and Associates will not be held responsible for any claims or damages of any kind, for injury to any person or persons, and/or for any damages due to loss of property arising directly or indirectly out of participation in these therapy sessions.
- All client information will be kept confidential. It will be kept in a secure location away from public access.
- Evaluation reports, progress reports, therapy goals and therapy plans will be sent to outside resources (i.e- doctor's offices, insurance providers) in a private manner, if applicable.
- Written approval will be obtained to share private information with other outside resources or professionals.
- This is the entire agreement and no promises outside of the agreement made on or before the effective date will be binding upon the parties.

### Cancellations

- **All client cancellations require at least a 24 hour notice. Each "No Show" without cancellation will be charged 100% of the individual or group therapy rate. If you are committing to a weekly Group Session, we expect your attendance, as the group experience makes our sessions the most valuable.**
- If your child is sick or an emergency emerges, please contact us, as we are understanding of unexpected situations
- If we are unable to keep a therapy appointment for any reason, we will notify you as soon as possible.

### Sessions

- Sharon Sokolik and Associates can provide an initial evaluation at the request of the client/client's parents; however, we are not required to conduct our own independent evaluation to establish a plan of therapy in order to bill for our services. Parents can provide their child's school, hospital, and/or previous private practice evaluation report as a means of generating speech goals, if available. If the evaluation report is dated three or more years ago, the speech-language pathologist may recommend reevaluation to obtain an updated account of the client's ability level. An updated evaluation is needed to establish goals and provide therapy.
- Speech Therapy services will be provided based on goals agreed upon by both parties in order to best serve your individual child. Goals can be established through one or more of the following means: Administered evaluations/reports, outside evaluations/reports, observations, and parent requests.

- If services are provided at your home, in order to ensure the safety of your child during his/her therapy session, it is important that an adult be present in the household during therapy. Parents are welcome to observe therapy sessions and to be active participants in your child's therapy.
- Sessions will be 30 minutes, 45 minutes or 60 minutes. Session length will be tailored towards what would best serve the needs of your individual child.

**Financial Policy**

- Rate of a screening without a report is \$60.
- Rate of evaluation, including report for a young client: \$500/ older client \$900.
- Rate of therapy: \$180 per hour; \$140 for 45 minutes and \$100 for 30 minutes.
- Phone calls, meetings and or observations are billed at the same rates.
- Payment are billed at the start of the next month and are expected within 10 days unless prior arrangements have been made
- If payment is not received, a reminder will be sent out. If payment is not made in a timely manner, therapy will be discontinued until the account is paid in full
- Forms of payment accepted are cash, PayPal, Venmo, online through your invoice or check (made payable to: Sharon Sokolik and Associates). A \$25 fee will be applied to all bounced checks.
- The client is solely responsible for submitting all claims to their insurance company, should one wish to receive reimbursement for any services rendered by Sharon Sokolik and Associates, LLC. Sharon Sokolik and Associates, LLC. does not participate with any insurance companies but will provide a receipt with diagnostic and treatment codes upon request.
- The rates of evaluations and/or therapy are subject to change.

I read, understand, and agree to the policies outlined above. This is the agreement in its entirety, and no promises outside of the agreement made on or before the effective date will be binding upon the parties. My signature indicates that I consent to all rules and regulations of Sharon Sokolik and Associates..

Client Name: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_



**Permission to Exchange Information**

I hereby give representatives of Sharon E. Sokolik and Associates, LLC permission to discuss my / or my child's speech-language, psycho-educational evaluation and overall needs with the following professionals:

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Professional 1**

Contact Name: \_\_\_\_\_ Professional Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Professional 2**

Contact Name: \_\_\_\_\_ Professional Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Professional 3**

Contact Name: \_\_\_\_\_ Professional Role: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Name of Responsible Party:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_