

### Clinic Policies

**ASSESSMENT:** An initial assessment will be completed to determine the client's specific areas of strengths and needs. The client will receive a written assessment summary report, including assessment results and recommendations/goals. During the assessment session, a program plan - including session length, session frequency and session time – will be agreed upon between the clinician and client (or parent/support person). An initial assessment session typically ranges between forty-five (45) minutes to two (2) hours in length, depending on the areas of concern, and is billed at an hourly rate of one hundred and twenty dollars (\$120) per hour. Assessments are billed immediately following each assessment session and payment for services is due the day of the invoice.

**DOCUMENTATION:** All documentation (i.e., assessment reports, treatment consultation records, homework materials, forms, etc.) will be stored in an individually shared client google drive folder. A valid Gmail account is required to access google drive folders.

**ATTENDANCE:** A program plan - including session length, session frequency and session time - are to be agreed upon between the clinician and client (or parent/support person) prior to the first treatment session. Individual appointments are reserved exclusively and are considered confirmed at the time they are scheduled. Clients are expected for their session every interval depending on the frequency (i.e., weekly, biweekly, monthly) selected for their program plan type. Please arrive in a timely manner to sessions. Clients arriving more than ten (10) minutes after the scheduled start time may be asked to reschedule the appointment for an additional fee.

**FEES AND PAYMENT:** Clients will be automatically billed every interval depending on the frequency (i.e., weekly, biweekly, monthly) selected for their program plan type and payment for services is due the day of the invoice. Unpaid invoices may result in termination of program plan enrollment. Services are billed at an hourly rate of one hundred and twenty dollars (\$120) per hour. Payments are to be made to NE Speech Pathology Services Corporation via e-transfer to [nancy@nespeechservices.ca](mailto:nancy@nespeechservices.ca). The clinic reserves the right to raise fees. Clients will be provided notification of fee changes two (2) months in advance of the upcoming change.

The following session lengths are offered:

Session Length	Price Per Session
30 minutes	\$60
45 minutes	\$90
60 minutes	\$120

The following session frequencies are offered:

Session Frequency
2 sessions weekly
1 session weekly
1 session every 2-weeks (biweekly)
1 session every 4-weeks (monthly)

**CANCELLATION/MAKEUP SESSIONS:** Sessions are reserved on a go-forward basis, therefore, missed sessions must be paid in full. The client must provide at least twenty-four (24) hours' notice for any cancellation. One makeup session per month will be offered only for sessions that have been canceled with twenty-four (24) hours' notice. Makeup sessions are not guaranteed and are only available within the same month of the cancellation. In the event of clinician absences due to illness or professional commitments, sessions will be rescheduled.

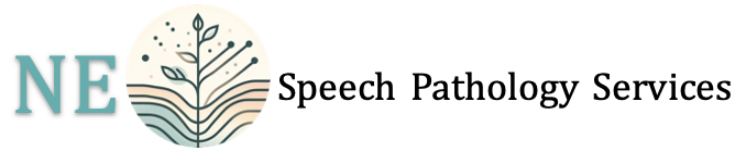
Cancellations due to snow or ice will be determined on an individual basis. You will be contacted if your clinician is unable to make it to the office for your appointment and your session will be rescheduled. If your clinician has not canceled your appointment but you feel unsafe driving to our office, please contact your clinician with as much notice as possible. The clinic will follow school board weather closures when determining if a makeup session will be offered.

Statutory holidays will be accounted for on a month-by-month basis, at the discretion of the clinician. If a statutory holiday falls on your regularly scheduled appointment day and your clinician will not work that day, you will be notified in advance. In these cases, your session will either be rescheduled to a different day within the same month, or you will not be billed for the missed session.

**PRACTICE:** Clients are expected to practice five (5) days a week at home to meet the minimum practice requirement, as determined by the clinician. Daily practice is necessary for progress.

**PARENT/SUPPORT PERSON PARTICIPATION:** Parents and/or a support person are encouraged to attend and actively participate in all sessions.

**SERVICE TERMINATION:** Clients may be asked to discontinue program plan enrollment at the end of the month if they have an excess number of absences, at the discretion of the clinician. Clients who accrue three (3) or more late cancellations (canceling an appointment less than 24 hours' notice) or no-show visits may be subject to discharge. Program plan enrollment may also be terminated for unpaid invoices.



**DISCONTINUATION/CHANGES TO PROGRAM PLAN:** Two weeks of notice (14 days) is required to make any requests for changes to the program plan type or discontinuation of program plan enrollment.

**INFORMED CONSENT FOR ASSESSMENT AND TREATMENT:** Participation in assessment and treatment sessions with a licensed speech-language pathologist who is qualified to offer services within the scope of the provider's license, certification, and training, and who is providing services through NE Speech Pathology Services Corporation.