

AGREEMENT FOR SPEECH THERAPY SERVICES

I, _____, hereby consent for Main Step Therapy, LLC to provide speech-language evaluation and/therapy services/ in-home communication program/ parent training, group classes (social skills groups, stuttering groups etc.) to _____, DOB: ____/____/____. I understand that this agreement may be terminated by either party, in writing, at any time.

Billing/Fees for Service

If you are using insurance, the co-pay due at the time of the service. The claims will be submitted to the insurance companies for reimbursement. If the insurance declines the payment, client will be responsible for the fee for the services provided (treatment sessions and evaluation). For out of network services and other services like in-home communication program, parent training, workshops, group classes (social skills groups, stuttering groups, etc.) please ask us for private pay schedule. Evaluation session is 45-55 minutes long. You will be sent out intake forms at the time of scheduling evaluation. Please make sure you have submitted filled up intake forms at least a week before the evaluation date. This helps us prepare for the evaluation and also ensures timely completion of the evaluation. Routine therapy sessions are 30 minute long. If you have specific questions, issues or concerns that you would like to address, please let the clinician know at the beginning of the session. This way the clinician can conclude the session at 25 minutes and keep the last 5 minutes to meet and address the concerns. If you do not notify the clinician at the start of the session that you are requesting time for questions, the clinician will have to address your questions in the next session. The clinicians appreciate your understanding and compliance in helping us to maintain timeliness for all of our scheduled appointments. Length of group sessions (like social skills groups, stuttering group etc.) varies depending upon the program offered. Please refer to each program details when you enroll. First progress report is provided after 6 months of starting therapy, provided sessions were attended on consistent basis. After that, progress report is provided after every 4 months. If goals need to be updated, parents are sent new goals in email or discussed on the phone. The change will be reflected in the next progress report. If you would like a progress report due to a transition within the school or an appointment with a related professional in times other than these, please allow the clinician at least two (2) weeks' notice. No payment is charged for this report. The next report will be due 4 months from that report date. If there is a concern regarding goals, progress, child's behavior, attendance etc., clinician will call a meeting with parents/caregivers. If child is progressing in therapy sessions, and there are no other concerns seen by clinicians, but you feel the need to schedule a meeting with clinician, we will be happy to do a 30-minute meeting. The charge for the meeting is \$65.00. The meeting can be on phone, virtually or at one of our clinic locations. This fee cannot be billed to insurance. We routinely collaborate with child's other service providers (OT, PT, ABA therapist etc.). The first collaborative meeting with ABA therapists is provided free of charge. After that, there will be a charge of \$65.00 for 30-minute meeting. This fee cannot be billed to insurance. Upon request, we will communicate with school team (teacher, SLP, etc.) via email or phone once in three months' time with the staff without any charge. If you would like us to participate in school meetings, IEPs, IFSPs there is an hourly charge of \$80.00 for the meeting. This fee cannot be billed to insurance. We provide parent training, in-home communication programs, group sessions and other services like communication book, social story book or other materials for an additional charge. The charges for these indirect services cannot be billed through the insurance and are provided upon request.

Attendance Policy

Consistent attendance plays an important role in maintaining your child's progress in therapy and preventing regression of skills. Please make your best effort to attend the scheduled sessions on a regular basis.

Notify us in advance if you plan to go on a vacation and will be absent for two (2) or more weeks, so that efforts can be made to reschedule your appointments.

Late Arrivals: If you are late to an appointment, the session will need to conclude at the usual time to allow the clinician to stay on schedule. If the clinician is running late for any reason, you will be given your full session time or time will be added to the next session. Our staff regrets any inconvenience to your personal schedule, and we will make our best efforts to maintain timeliness. If you are unable to attend a speech therapy session, please contact the therapist at Main Step Therapy at least 24 hours in advance at info@mainsteptherapy.com. If you fail to provide 24-hours notice for a cancelled session, please understand that you have a choice for a makeup session within the next 7 days (deepening upon therapist's availability) or a fee of \$65.00 will be charged to your account (with the exception of illnesses, emergencies, and inclement weather). Updated credit card information will be asked for before starting the services. Please Note: Three missed appointments without timely notice (within 24 hours) in any 2-month period will result in termination of therapy. If the therapist needs to cancel your session due to an illness or emergency, we will notify you as soon as possible. If a cancellation is necessary for any reason other than illness (e.g., conference, vacation, etc.), you will be notified in advance, and we will make our best efforts to reschedule your appointment if possible.

Office Etiquette

If your child does not attend the center for other services and comes to the clinic for only speech therapy services, please make sure to stay with your child in the waiting room or in your car until a clinician comes to get you. Parents/caregivers must remain in the premises and be accessible during the therapy session. They may stay in the waiting area or in the car and come into the office to get your child after the session. Clinicians will not walk your child outside to the parking lot. We ask that you are respectful of the fact that therapy sessions may be in progress or clinicians may be on the phone. Please do not allow your child to walk/run up and down the hallway. Both parents and children are prohibited from entering the therapy room due to our need to maintain client confidentiality. We do not allow behaviors in our waiting room that may injure your child or others, nor do we allow behaviors that might disturb the work of our staff. Please do not allow your child to climb or jump on chairs, throw toys, open/slam doors, or draw on the wall/toys/books. Please help us by cleaning up the toys in the waiting room when your child is done playing. We appreciate your assistance in maintaining a clean and comfortable waiting area for everyone. Clients are also prohibited from bringing food into the waiting room due to concerns with allergies.

Termination of Therapy

The following reasons may become causes to terminate our client contract:

1. Non-compliance with our attendance policy
2. Repeatedly not paying an account. You will receive a warning when there is an outstanding account balance with multiple payments due. If we do not receive your payment within 2-weeks upon receipt of that warning, therapy will be placed on hold until payments are rendered in full. Your child may lose his/her appointment slot and be placed on a waiting list at that time. Continued non-payments will result in termination of services and account sent to collection agency.
3. Engaging in behavior that breaches trust such as withholding pertinent information about the case history or asking us to alter our data or diagnoses.
4. Three missed appointments without timely notice (within 24 hours) within 2-month period.

If you need to terminate therapy for any reason, we ask that you give us written notice a minimum of two (2) sessions in advance. This will allow us adequate time to wrap-up therapy and complete consultation with you.

Main Step Therapy, LLC, reserves the right to cancel or amend this contract, or any part therein without negating the remainder of the contract. Clients will be notified, in writing, of any changes or cancellation of this contract.

By signing below, I acknowledge that I have read and accept the terms of this contract.

Signed this _____ day of _____, _____

Client/Parent/Guardian Signature

WAIVER, RELEASE OF LIABILITY, ACKNOWLEDGEMENT OF RISK AND INDEMNITY AGREEMENT

As Parent, fiduciary, representative, caregiver or Guardian (hereafter called "Guardian" for a Minor Child or Children, (hereafter called "the Minor" whether the Minor is over the age of 18 or not) who is participating in an activity (social groups involving the Main Step Therapy LLC (hereafter called "MST LLC") hereafter known as "the activity", in order for the Minor to participate in the activity, you must sign this Waiver, Release of Liability, Acknowledgement of Risk and Indemnity Agreement (hereafter called "this waiver") before the Minor may participate.

This waiver is applicable for as long as the Minor participates in any MST LLC activity, until it is revoked by either party. In consideration for allowing the Minor to participate in the activity, I, for myself, the Minor, and for my and the Minor's representatives, heirs, next of kin, successors, assigns and personal representatives do hereby freely and voluntarily, without duress, execute this waiver under the following terms:

Waiver and Release:

As the guardian for the Minor, I and the Minor release and forever discharge and hold harmless MST LLC and its past and present affiliates, assigns, successors in interest, agents, servants, employees, volunteers, participants, officers, directors and sponsors (hereafter called "Released Parties") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Minor's participation in the activity.

I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I and/or the Minor may have, whether past, present or future, whether known or unknown, arising from, resulting from, or in connection to the activity. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action that I or the Minor may have against the Released Parties, including but not limited to any claims for personal injury, property damage, or wrongful death and including but not limited to any injuries resulting from negligent actions or omissions. I also understand that MST LLC does not assume any responsibility for or obligation to provide financial assistance or other assistance to or for the Minor, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage which occurs during the activity.

Acknowledgement of Risk:

As guardian for the Minor, I acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from the Minor's participation in the activity. I understand that in order for the Minor to be allowed to participate in the activity, I agree to fully accept and assume all risks and all responsibility for any injury, losses and damages to person or property that my child may incur as a result of my child's participation in the activity. I further acknowledge and understand that childcare will be provided by staff and/or volunteers who may not have specific special needs sports safety training and have not gone through the screening process required by regular schools/day care providers. I understand and agree that I am required to remain available and on call on the premises of the activity while the Minor child is attending the activity.

Indemnity:

I further agree to defend and indemnify MST LLC for any claims brought by or on behalf of the Minor arising out of the activity, and for any claims brought by or on behalf of any other party arising from the Minor's participation in the activity.

Photographic/Audio/Video Release:

_____ I irrevocably authorize MST LLC to videotape or photograph my Minor for any lawful purpose (including but not limited to training purposes and promotion). I understand that neither I nor the Minor will receive any compensation for the use of my minor's video or photograph and waive rights to any compensation now or in the future.

_____ I do not authorize MST LLC to videotape or photograph my Minor.

Text/SMS Consent:

_____ I hereby consent to receive calls, texts and emails regarding scheduling, updates, newsletters, and other important information on behalf of Main Step Therapy at the telephone number provided. Please note that your telephone number

I have read this Waiver and fully understand its contents. I am aware that this is a release of liability and I sign of my own free will. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by the law, even though that liability may arise from the negligence or carelessness of the Released Parties listed above, and I agree that if any portion of this agreement is held to be invalid, the remaining portion of the agreement shall continue to be in full force and effect.

Guardian's Printed Name: _____

Cell Phone: _____ Minor's Name _____

Guardian's Signature: _____ Date: _____