

# CHARLOTTE SPEAKS

## PRACTICE POLICIES AND PROCEDURES AGREEMENT

**PAYMENT PROCEDURE:** For all North Carolina clients, we will be happy to file your insurance claim on your behalf. However, payment or a payment plan must be arranged at the time of service. Reimbursements by your insurance company will be mailed directly to you at the rate / amount specified by your individual policy. You may pay by check or you may enter a credit card on file, to be billed according to payment terms. (initials) \_\_\_\_\_

**24 HOUR CANCELLATION POLICY:** If there is a need for cancellation and/or change of appointment, the Client(s) is to call Charlotte Speaks' clinicians to inform him/her of your need at least 24 hours prior to the appointment. If it is less than 24 hours, Charlotte Speaks may ask for payment, depending on the individual circumstances to be determined at that time. (initials) \_\_\_\_\_

**EMAIL POLICY:** It is the policy of Charlotte Speaks to do email consultations under the following conditions: in cases where there is need for clarification of tasks/guidelines; when the clinicians can address the concern with a single reply, requiring less than a 10 minute response; and when the Client(s) has initialed this informed consent acknowledging this policy. (initials) \_\_\_\_\_

**PHONE POLICY:** Charlotte Speaks will provide clients with current, working phone numbers. The clinicians will be sure to return your phone call within 24 hours. (initials) \_\_\_\_\_

**TERMINATION:** The Client(s) may terminate speech pathology at anytime. Cancellation must be in writing, by fax or E-mail, with at least a two week notice. (initials) \_\_\_\_\_

**NATURE OF RELATIONSHIP:** Charlotte Speaks will concentrate efforts on improving speech and language skills, enhancing behavior and play skills as well as establishing habits that produce success at home and at school. Sessions may also include coaching parents in ways to modifying child behavior, increasing compliance and developing self-esteem

**CONFIDENTIALITY:** Charlotte Speaks recognizes that the Client(s) will likely discuss confidential issues during the sessions, any of which might include: family issues or concerns, marital difficulties, problems with children, future plans, financial information, job information, goals, personal information, and other private information. Charlotte Speaks will not at anytime, either directly or indirectly, voluntarily disclose, or communicate this information to a third party. Charlotte Speaks will not voluntarily divulge that Charlotte Speaks and the Client(s) are in a therapeutic relationship without the expressed written permission of the Client(s). This confidentiality agreement does not apply to illegal activities, child abuse, or plans to conduct harmful or illegal activities.

(Client initials) \_\_\_\_\_ (Clinician initials) \_\_\_\_\_

Your initials and signature upon this document indicate your acceptance of all conditions listed therein.

**The Client(s):**

(Print Name) \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_

**Clinician:**

(Print Name) \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_