



Consent to Speech Therapy Services

I hereby consent and authorize Chatham Speech and Myo to evaluate, diagnose, and provide speech treatment for _____.

Financial Policy

Thank you for choosing Chatham Speech and Myo! Please note that Chatham Speech and Myo is a private pay only practice. We are not an in-network provider for any insurance company. We will however provide documentation when requested for reimbursement by your insurance, using your out-of-network benefits. Clients are responsible for confirming insurance coverage and handling all reimbursement. Please note that all insurance policies are unique and speech-language therapy services may or may not be a covered benefit by your insurance.

You will be billed directly for services provided by your treating therapist. Your therapist will discuss payment options with you prior to the initiation of services. There is a service charge of \$25.00 for any returned check.

Acknowledgements

I, _____, acknowledge and accept full and complete responsibility for payment of all services rendered by Chatham Speech and Myo and/or its consultants. I understand that I am responsible for prompt payment of any late cancellation or no show fees incurred as outlined in the Attendance and Cancellation Policy. I have read, understand, and hereby agree to the Financial Policy of Chatham Speech and Myo.

Signature: _____ Date: _____

Printed Name: _____

Name of patient: _____

Relationship to patient: _____



Attendance and Cancellation Policy

In order to better serve you and maximize progress, regular attendance to therapy is imperative. **The most common cause of lack of progress is inconsistent attendance.** Chatham Speech and Myo does not follow the academic calendar, and is open 12 months per year. Your therapist will notify you directly if they need to cancel/reschedule your appointment due to inclement weather, etc. Please thoroughly read and **initial** next to your responsibilities outlined below:

_____ I am responsible for attending speech/language/myo therapy sessions as scheduled. I understand that I must maintain at least an **80% attendance rate as measured within any given 3 month period**, or risk losing my appointment slot.

_____ If your child receives services at their school, you are responsible for notifying your child's therapist if they will be absent from school on the day of their assigned appointment. If you fail to do so, and the therapist travels to the school for the appointment, it will be marked as a "no show."

_____ In the event of a cancellation, I will provide as much notice as possible. "Non-emergency" cancellations require 24 hours notice and include vacations, pre-planned medical appointments, family events, parties, sports events, lack of babysitter or anything that is not designated as "emergency". **If the session is not canceled with 24 hours notice I understand I will be responsible to pay the full cost of my session.** "Emergency" cancellations are accepted only for illness (fever within the last 24 hours, strep, unidentified rash, diarrhea, vomiting, or any highly contagious illness), illness of a family member, or death in the family. In the event of an emergency cancellation, I understand I still must notify the clinic on the day of the appointment to avoid a "no show" fee for the **full cost** of my session rate.

I have read, understand, and agree to Chatham Speech and Myo Attendance and Cancellation Policy as outlined above.

Signature: _____ Date: _____

Printed Name: _____

Name of patient: _____

Relationship to patient: _____



Release Form

Photographic Images

I give permission to Chatham Speech and Myo to take and use photographic images for the following purposes (check all that apply):

- Training and/or educational purposes
- Use in marketing materials of Chatham Speech and Myo (e.g., website, blog, brochures)
- Inclusion on the Chatham Speech and Myo Facebook page or Instagram account

Audio Recordings

I give permission to Chatham Speech and Myo to take and use audio recordings for the following purposes (check all that apply):

- Training and/or educational purposes
- Use in marketing materials of Chatham Speech and Myo (e.g., website, blog)
- Chatham Speech and Myo Facebook page or Instagram account

Video Recordings

I give permission to Chatham Speech and Myo to take and use video recordings for the following purposes (check all that apply):

- Training and/or educational purposes
- Use in marketing materials of Chatham Speech and Myo (e.g., website, blog)
- Inclusion on the Chatham Speech and Myo Facebook page or Instagram account

Signature: _____ Date: _____

Printed Name: _____

Name of patient: _____

Relationship to patient: _____



Chatham Speech and Myo | Chatham, NJ | 973-635-5757 | www.chathamspeechandmyo.com

HIPAA - Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protection of Health Information: Your health information is kept private according to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1966 (HIPAA) and you are provided with notices of the legal duties and privacy practices within this practice. Your protected health information in information that relates to your past, present, or future health care. This includes your medication history, diagnostic evaluations, and therapeutic services.

Uses and Disclosures of Your Protected Health Information: Disclosure of your health information may occur for health care operations. Examples of operations in which protected health information disclosures may occur include insurance and billing, management, financial or quality assurance audits, law enforcement purposes, education, referring to other services, and receiving information from other professionals that may have treated you in the past. Your protected health information may be used for treatment purposes including provisions, coordination or management of services. Some other examples of disclosures include the following:

- Being called in from the waiting room when it is time for your appointment
- Messages may be left on your answering machine regarding your appointment or to request that you contact this office
- Medical records may need to be transferred to another location
- Disclosures may also be made to student observers or therapists who participate in health care operations and commit to respect the privacy of your health information

Your Rights Regarding Your Health Information: You have the right to review your health information which might include intake information, evaluation, session notes, goals, and progress notes. For all other purposes beyond those listed above, your written authorization will be required to use, disclose, or restrict your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization. Revocations must be in writing. You may also initiate the process for your information to be sent to someone else through the use of an authorization form or written request. To request further restriction or disclosure, you must submit a written request that explains what information you want restricted, how you want the information restricted, and from whom you want the restriction to apply.

Notice of Privacy Practices: By law, this practice abides by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time. The revised notice will be available on request from our office

Complaints: If you believe that your privacy rights have been violated, you may submit a complaint to this practice or to the U. S. Department of Health and Human Services. To file a complaint with the practice, submit the complaint in writing. You will not be penalized or retaliated against for filing a complaint and your identity will be kept confidential.

Chatham Speech and Myo | Chatham, NJ | 973-635-5757 | www.chathamspeechandmyo.com



Acknowledgment That You Have Received Our HIPAA Notice of Privacy Practices

Chatham Speech and Myo is required by law to keep your health information safe. This information may include:

- notes from your doctor, teacher, or other health care provider
- your medical history
- your test results
- treatment notes
- insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared. It also tells you how you can look at and comment on your information.

By signing this page, you are saying that you have reviewed and been offered a copy of our privacy notice.

Print Patient's Name

Date

Patient or Spouse/Guardian Signature

Relationship to Patient