



The House of Speech Therapy, LLC
Speech and Language Therapy Services

W: (843)-970-0372 C: (202)-304-3971 F: (843)-376-1848

Email: info@thespeechtoolbox.com

www.thehouseofspeech.com

1

The House of Speech Therapy, LLC (Policy Agreement)

Acknowledgement and Assessment of Risk

I agree to carefully read this policy in its entirety. Upon signing this document, I agree to the rules and regulations outlined by The House of Speech Therapy, LLC.

I acknowledge and agree to the services being provided through The House of Speech Therapy, LLC and its employees/licensed Speech-Language Pathologist (CF and CCC) employed under The House of Speech Therapy, LLC.

I voluntarily agree to and understand the possible risks associated with speech and language services. The House of Speech Therapy, LLC and its employees are not to be held accountable for any injuries, losses or other forms of damages incurred to the client.

Consent for Services

I authorize The House of Speech Therapy, LLC/ Elan Hutchinson, M.S.CCC-SLP and/or the employees or independent contractors to render appropriate evaluation and therapy services in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. The client themselves and/or caregiver/parents as well as The House of Speech Therapy, LLC has the right to terminate speech therapy services via email at any time.



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2

Cancellation & Attendance Policy

It is of the expectation that attendance and participation in therapy and compliance with any associated home programs are fulfilled.

Schedules

- Please allow a ‘cushion time’ of 15 minutes for the therapist to arrive at the location or a cushion time of 5-10 minutes to log on to the computer (teletherapy). Due to the factor of traveling, occasionally a therapy session may end later than expected, traffic may be a factor or other confounding variables may impact the time in which the therapist arrives for the scheduled therapy session.
- If the client and/or caregivers require a change in schedule (e.g. due to the child starting school or accommodating another therapist), the treating therapist may or may not have availability to adjust to the change in schedule. Reduction in therapy session hours weekly or discharge and/or transfer to another licensed and qualified therapist may be recommended.

Missed Sessions/Cancellation Policy (From Parents and/or Caregivers):

- Excused late cancellations or reschedules are limited to family emergencies and/or client’s (or family member within the home) is not feeling well.
- A notice of 24 hours is required for cancellation and/or reschedule via email or text only. Three (3) or more cancellation notices less than 24 hours, but more than 3 hours could lead to reduction of session hours or discharge of services.
- Cancellations and/or rescheduling less than two (2) hours prior to the session will be considered a no-show or late cancellation.
- No-shows include but are not limited to late cancellations and/or reschedules (less than 2 hours prior to the



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3

session), family not home when the therapist arrives and late arrival or start (more than 10 minutes).

- For each unexcused no-show or late cancellation, either a fee of \$15 may be charged to the responsible party or the session will be billed in full (telehealth). If the client is private pay, the session will be billed in full for a no-show. Please note that insurance providers do NOT reimburse for missed sessions and the treating therapist cannot bill insurance for no-shows therefore, the fee will be directly charged to the parent and/or caregiver for continuation of services. If three (3) or more sessions are missed, The House of Speech Therapy, LLC reserves the right to either reduce therapy hours weekly or discharge the individual.
- If the client must take a 'break' from therapy services, please note that his or her scheduled day and time may not be available upon return.

Presence of Parents and/or Caregivers

Please note that a parent or caregiver (over the age of 18) must be present at the home for the entirety of the therapy session. This policy does not apply to therapy provided at a center (e.g. daycare, adult daycare and/or nursing home). If a parent is not home at the time of arrival, a no-show is counted, and discharge may be an option. If parent(s) leaves the home (travels to another location) during the session with the child or individual unsupervised, discharge of the child (client) may be implemented.

Illness Policy:

Due to the frequency in which the treating therapist visits other locations daily and for personal protection against viruses, it is required that parents and/or caregivers provide written notice (email or text) when the individual or family members living within the home, exhibits any adverse symptoms including coughing, runny nose, fever and sneezing etc. Even if symptoms appear to be seasonal allergies, the therapist requires notice to determine whether to reschedule the session.

Inclement Weather Policy:

Sessions may be canceled or rescheduled in the event of inclement weather.

