foun-comm-logo-color.eps **CLIENT CONTRACT**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent for Foundation Communication to provide Speech-Language Therapy for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, D.O.B. \_\_/\_\_\_/\_\_\_\_\_. I understand that this agreement may be terminated by either party, in writing, at any time.

The Private Pay rates of $250 for an evaluation; $100 for a 1-hour therapy session (50 minutes with the child and 10 for parent consultation and reporting); and $50 for a 30-minute therapy session (25 minutes with the child and 5 for parent consultation and reporting) will be charged to me. Payment is expected at the time of service unless other arrangements have been made with Foundation Communication.

Missed Appointments/Cancellations (Client)

- For expected client absences that result in a cancelled session(s) (e.g., vacations, medical appointments, etc.), notice of cancellation is requested at least one week prior to scheduled therapy sessions. Every attempt will be made to reschedule sessions.

- For unexpected client absences that would result in a cancelled session(s) (e.g., illnesses, emergencies, inclement weather, etc.), we request that you contact your therapist immediately. Every effort will be made to reschedule your appointment.

- Failure to contact your therapist (“No Show”) in advance of an absence will result in a $25 fee for missed services.

In the event of consistent poor/missed attendance, client services may be subject to termination at the discretion of your therapist.

Missed Appointments/Cancellations (Therapist)

- For expected therapist absences that would result in a cancelled session(s) (e.g., vacations, conference attendance, etc.), notice of cancellation will be provided at least one week prior to scheduled therapy sessions. Every effort will be made to reschedule your appointment, but is subject to your therapist's availability.

- For unexpected therapist absences that would result in a cancelled session(s) (e.g., personal illness, illness of family member, emergencies, etc.), therapists will notify clients immediately. If therapy is cancelled by the therapist due to an unexpected personal emergency, therapists will make every effort to reschedule your session, if possible. Payment will not be expected for cancelled sessions due to expected therapist absences nor unexpected therapist absences that are not able to be reassigned or rescheduled.

Foundation Communication may be closed for the observance of Holidays. Clients will be notified in advance of these closings.

Foundation Communication 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.

I have read and accept the terms of this contract.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist's Signature­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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