CLIENT'S NAME: _____     CLIENT'S DOB: _____

Thank you for choosing to attend speech therapy services by Reni Hanley SLP, LLC. I look forward to developing a partnership with you to help your child develop new skills and/or to provide you with information about your child's speech, language and feeding skill development.  The following information will provide details about responsibilities of both parties to make therapy most successful for your child.

My mission is to provide quality, honest, attentive and comprehensive speech language/feeding/swallowing therapy services to children of all abilities and to teach parents to have the confidence to establish skills taught in therapy into their everyday lives.

You can contact me at reni@renihanley.com at any time.  I will return emails after 5:00 pm daily.

You may leave a message on my voicemail or text me at 405-826-7852.

If you need to cancel an appointment or need to contact me immediately, from 7:30 am to 5:30 pm you may text me at the above number.

The office is located at 261 East Lake Drive Medicine Park, OK 73557

This is my home. Please treat it with the respect that you would give if you were visiting a friend or family member.  Please remove all trash that you bring. There is absolutely **NO smoking on the property, inside or outside**.

**THERAPY AGREEMENTS**

*Consent to Treat*
I authorize Reni Hanley SLP, LLS to render appropriate evaluation and therapy services for speech, language, hearing screening, feeding/swallowing to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Reni Hanley, Speech Language Pathologist in writing. In addition, Reni Hanley, Speech Language Pathologist may terminate services by notifying me in writing.

**Financial Policy**
Services will be paid prior to being rendered if a payment plan such as insurance has not been arranged.  If you have Oklahoma Medicaid and private insurance it is your responsibility to inform this practice of the private insurance or any changes in insurance that may arise in the future. *Please refer to payment policy for further details.*

**Cancellation Policy:**
If you must cancel a session 24 hours' notice is required.  Excessive cancellations defined as 3 or more cancellations in less than 24 hours in a 3-month period will result in loss of therapy spot at the discretion of the therapist.  I am committed to being flexible with scheduling, if there is good communication.  If you are aware that you will miss an upcoming appointment PRIOR notification is appreciated.   If your child becomes sick on the day of therapy, please contact me as soon as possible to make arrangements to reschedule or cancel.  Please do not bring your child if they are ill. Please use the same guidelines that you would use for sending your child to school.

Sessions that start late due to late arrival of the client will still end at the scheduled time and the client will be charged the full payment.

*Photography and Video/Audio:*
Occasionally, I will need to take a picture or make an audio recording for evaluation or therapy purpose.  When that occurs, no identifying information will be included and it will be erased following use. I will always ask before I record.  Please provide me with the same courtesy, if you

would like to video, photograph or record any part of the session, please obtain verbal permission each time.  Please do not post picture or videos on social media or any media platform without the written permission of Reni Hanley.

*Disputes and Resolutions:*
In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, we shall consult and negotiate with each other in good faith and, recognizing our mutual interests, attempt to reach a just and equitable solution satisfactory to both parties. If we do not reach such solution within a period of 60 days, then, upon notice by either party to the other, all disputes, claims, questions, or differences shall be finally settled by arbitration administered by the American Arbitration Association in accordance with the provisions of its Commercial Arbitration Rules.

I will not hold this therapy practice responsible for any claims for damages of any kind, for injury to any person or persons and/or for any damages due to loss of property arising directly or indirectly out of participation in these therapy sessions when reasonable attempts for safety have been taken by the therapist.

**INFORMED CONSENT:**
**please initial

**_____I have read and agree to the above policies.

**_____I consent for my child to receive speech pathology services by Reni Hanley, Speech Language Pathologist

TECHNOLOGY PERMISSION: Please initial the following OPTIONAL statements:

_____ EMAIL: I give permission to Reni Hanley, SLP LLC to correspond with my child's legal guardians and care team via e-mail regarding treatment, documentation, and home programming. I understand that e-mail is encrypted internally; however, once an email is sent externally, correspondence may potentially be intercepted by an outside party.

_____ TEXT: I authorize Reni Hanley, SLP LLC to send text messages to my cell phone related to my child's therapy. I understand that there are risk factors related to using text messaging including disclosure of PHI. Reni Hanley, SLP LLC will do our best to limit details in text messages. Additionally, standard data and text messaging rates will apply to any messages received. I agree not to hold Reni Hanley, SLP LLC liable for any electronic messaging charges or fees generated by this service. I also understand that I may opt out at any time and in the event that my cell phone number changes, I will inform Reni Hanley SLP, LLC.

_____   _____

Print Name of Client                                                    Date


_____

Client Date of Birth


_____   _____

Signature of Client or Legal Representative                Relationship to Client