



Thank you for choosing to attend speech therapy services with Reni Hanley SLP, LLC. I look forward to developing a partnership with you to help your child gain new skills and to provide you with information about your child's speech, language and feeding skills. 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 empower parents to incorporate skills taught in therapy into their everyday lives.

If you see me at 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**. I will do the same if I come to your home. Please be aware that I have the right to terminate treatment in your home for any reason but specifically if the environment is not conducive to learning or an unsafe environment including allergens.

Therapy Agreement:

I authorize Reni Hanley SLP, LLC 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 SLP, LLC in writing or via verbal discussion. In addition, Reni Hanley SLP, LLC may terminate services by notifying me in writing or via verbal discussion.

Photography and Video/Audio:

Occasionally, photography and audio/video recording is needed 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 SLP, LLC

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

Signature of Legal Representative

Relationship to Client