



Speech Language Pathology
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Cos Cob, CT 06807
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www.kidslanguagecenter.com

POLICIES AND PROCEDURES

Kids Language Center, LLC is pleased to have you as a valued family in our practice. We are proud to offer a full range of speech and language therapy services including evaluation, treatment, and consultation for home and school programs. We look forward to working with your family to reach your child's specific communication goals. Please review and sign the following policies and procedures agreement.

Treatment Sessions

Therapy sessions are 30, 45, or 60 minutes in length unless other arrangements are made with your therapist. The length of the session is determined on an individual basis according to your child's needs. KLC is equipped with an observation room to support parent involvement and education. Please feel free to sit in on your child's session or use the observation room frequently. We believe watching your child's session strongly contributes to his/her progress.

If you will be leaving the office during your child's session please advise your therapist and be sure your cell phone number is on file. **Returning to the office 5 minutes before the end of your child's session is imperative so that the session can be reviewed with you before your therapist's next scheduled appointment.** The last few minutes of each session will be reserved for brief questions and recommendations for home carry over.

Billing

Payment for services is due weekly or upon receipt of invoice. Please make checks payable to **Kids Language Center or KLC**. Unfortunately Kids Language Center does not accept health insurance. We do, however, make every effort to provide all necessary information for your insurance company on our standard KLC forms, which will be supplied to you on a regular basis. We will provide additional progress summaries and evaluations for your insurance company if needed at the fees listed above.

Reviews

To chart progress, keep measurable goals, and provide parent information for carry-over of skills you will receive a weekly note about your child's therapy. In addition, we ask that parents meet with their child's therapist once every 3 months to discuss progress. This can be done during your child's scheduled session or an additional meeting can be arranged. You will receive a quarterly progress summary/rating scale at the fee listed above in an effort to keep you well informed. These progress summaries will be suitable for insurance reimbursement as well.

Cancellations

If you must cancel a session, please do so 24 hours prior to your appointment to avoid being charged for the session. Exceptions will be made in cases of emergencies and illness at the discretion of the therapist. Please be mindful that consistency of therapy is imperative for your child's success.

Snow Policy

Kids Language Center, LLC does **not** follow any local school districts' inclement weather policy. Your therapist will contact you if therapy is cancelled due to inclement weather. If driving conditions are poor and will prevent you from making your child's appointment, please be sure to contact your therapist. You will not be billed for a cancellation due to inclement weather.

Safety & Precautions

Strict safety precautions are taken when utilizing large-scale therapy equipment. Children are carefully monitored and assisted throughout their sessions. However, when utilizing this equipment with children who have difficulty with motor responses and regulation, some bruises, bumps, scrapes, etc. may occur. Due to the monitoring required for safety when children are in therapy areas, it is important that your child does not enter the therapy areas until his/her therapist is ready to begin the session. Only children receiving therapy are permitted in our therapy areas unless other arrangements are made with your therapist.

Waiting room discussions

We will make every effort to have conversations regarding your child's session and progress in a private area, however, conversations do sometimes initiate in the waiting room. Please advise your therapist if you do not want to have these brief discussions in the waiting area.

Please discuss any questions regarding the policies and procedures with Katie.

Thank You!

Please initial and sign below. Return only this page to Katie at your earliest convenience.

I _____, parent/guardian of _____ have received, read and understand the policies and procedures regarding speech and language therapy at Kids' Language Center, LLC and accept the terms of the agreement.

_____ I give my consent for Kids' Language Center to provide treatment, evaluations and consultative services to my child.

_____ I have read and agree to the KLC fee schedule, cancelation policy and billing policy

_____ I agree to hold KLC harmless in the event of injury occurring at the facility

Signature

Date