Sensory Speaking

PAYMENT POLICY

Session Fees

- Individual speech therapy or reading tutoring sessions (45 minutes): $130
- Initial evaluations and re-evaluations: $390

Payment Due Dates

- Payment is due at the time of service, unless other arrangements have been made in advance.
- All session invoices, including any applicable cancellation or other fees, must be paid within five (5) business days from the date of the invoice.

Late Payment

- If payment is not received within five (5) business days, future sessions will be suspended until the outstanding balance is paid in full.
- If payment is not received within ten (10) business days, the client may be subject to dismissal from treatment at the discretion of Sensory Speaking, LLC.

Accepted Payment Methods

- Private payment via PayPal invoice
- Family Empowerment Scholarship for Unique Abilities funds

Insurance

- Sensory Speaking, LLC does not bill insurance directly.
- Superbills can be provided upon request to assist with reimbursement through your insurance provider.

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PAYMENT POLICY ACKNOWLEDGEMENT

I have read, understand, and agree to the Payment Policy outlined by Sensory Speaking, LLC. I acknowledge that I am responsible for all fees associated with services provided, including timely payment within five (5) business days of each invoice and any applicable cancellation or late payment fees. I understand that nonpayment may result in suspension or termination of services.

I further understand that Sensory Speaking, LLC does not bill insurance, and that superbills are available upon request for potential reimbursement through my insurance provider. I also acknowledge the accepted forms of payment, which include PayPal invoice and Family Empowerment Scholarship for Unique Abilities funds.

By signing below, I agree to comply with this policy.

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____

PRACTICE POLICIES AND PROCEDURES Effective January 1, 2025
Sensory Speaking, LLC

Welcome to Sensory Speaking, LLC. To ensure a successful therapeutic experience, we ask that all clients and families review and agree to the following policies:

ATTENDANCE POLICY:
- Consistent attendance is essential for progress.
- Please provide at least 24 hours' notice for cancellations. Cancellations with less than 24 hours notice ("late cancellation") will be subject to a cancellation fee
- No-shows or late cancellations will be billed at 50% of the full session rate. 2 consecutive no shows or 3 non-consecutive no shows or late cancellations in a 12 week period may result in termination of services.

ILLNESS POLICY:
- For in-person sessions: Please cancel sessions if your child or anyone in your household is experiencing contagious symptoms (fever, vomiting, diarrhea, cough, rash, etc.) or has within the past 48 hours. Sessions may resume after your household has been symptom free for 48 hours.
- We reserve the right to cancel or reschedule sessions for health and safety.

SESSION CONDUCT:
- Parents/guardians are encouraged to be present and participate in sessions, especially for younger children.
- Please avoid distractions during virtual sessions (e.g., TV, food, siblings, traveling in a vehicle, conducting treatment in a public space unless previously discussed with a therapist and appropriate for client's plan of care).

COMMUNICATION:
- We will communicate via email, phone, or a secure platform to share updates, progress, and scheduling.
- Response time is typically within 24-48 business hours.

TELETHERAPY:
- If teletherapy is used, ensure a quiet environment and stable internet connection.
- A separate consent form must be signed for teletherapy participation.

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PAYMENT POLICY:
- Payment is due at the time of service unless otherwise arranged.

-Payment for all session invoices, including any applicable cancellation or other fees, is due within five (5) business days from the date of the invoice. Failure to submit payment within this timeframe will result in the suspension of future sessions until the outstanding balance is paid in full. If payment is not received within ten (10) business days, the client may be subject to dismissal from treatment at the discretion of the practice.
- Accepted forms of payment include private payment via PayPal invoice and Family Empowerment Scholarship for Unique Abilities funds.
- We do not bill insurance but can provide superbills upon request.

CONFIDENTIALITY:
- All client information is confidential and protected under HIPAA.
- Information may be shared with written consent or in situations required by law.

CHANGES TO POLICIES:
- Policies may be updated periodically. Clients will be notified of any changes in writing.

By signing the Practice Policies and Procedures Agreement, you acknowledge that you have read, understood, and agree to abide by these policies.

Thank you for choosing Sensory Speaking, LLC.

ACKNOWLEDGEMENT:

I have received and understand the policies of Sensory Speaking, LLC, including attendance,

illness, and communication policies.

I agree to comply with these policies and understand that consistent attendance is vital for

progress.

Signature: _____ Date: _____

HIPAA NOTICE OF PRIVACY PRACTICES
Effective Date: January 1, 2025

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At Sensory Speaking, LLC, we are committed to maintaining the privacy of your protected health information (PHI). This Notice outlines your rights and our responsibilities regarding the use and disclosure of your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION:
We may use and disclose your health information for the following purposes:
- Treatment: To provide, coordinate, or manage your care with other providers.
- Payment: To obtain payment or reimbursement for services provided.
- Healthcare Operations: For quality assessment, training, and practice improvement.

We may also use or disclose your information:
- As required by law or court order.
- For public health activities (e.g., reporting child abuse, neglect, or threats to safety).
- To law enforcement when legally permitted.
- For workers' compensation claims.

YOUR RIGHTS REGARDING HEALTH INFORMATION:
- You have the right to access and request a copy of your PHI.
- You may request an amendment to your health record.
- You have the right to request restrictions on certain uses or disclosures.
- You may request communications be sent to you in a specific way (e.g., phone, email).
- You have the right to file a complaint if you believe your privacy rights have been violated.

OUR RESPONSIBILITIES:
- We are required by law to maintain the privacy of your PHI.
- We will not use or share your information other than as described unless authorized in writing.
- We are required to notify you in the event of a breach of unsecured PHI.

CONTACT INFORMATION:
If you have questions or complaints, please contact:
Privacy Officers Marlee Potter & Ashley Tato – Sensory Speaking, LLC
Phone: 904-505-0847
Email: info@sensoryspeaking.org
Address: 12362 Acosta Oaks Drive Jacksonville, FL 32258

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I acknowledge that I have received, reviewed, and understand the HIPAA Notice of Privacy Practices from Sensory Speaking, LLC.

Client Name: _____

Signature: _____ Date: _____

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INFORMED CONSENT FOR TREATMENT

Client Name: _____

Date of Birth: _____

Parent/Guardian (if applicable): _____

1. Purpose:
The purpose of this document is to obtain your informed consent for participation in speech-language therapy services provided by Sensory Speaking, LLC. It outlines the nature of services, potential risks and benefits, client rights, and responsibilities.

2. Nature of Services:
Speech-language therapy services may include screening, evaluation, diagnosis, and treatment of communication and/or feeding-swallowing disorders. Services will be provided by a licensed and certified speech-language pathologist (SLP) in accordance with state and national guidelines.

3. Confidentiality:
All information shared during sessions will remain confidential and stored securely. Records may only be released with written consent from the client or guardian, except where disclosure is required by law (e.g., suspected abuse, threats of harm to self or others, court order).

4. Benefits:
Speech therapy can improve communication skills, comprehension, speech sound production, language development, fluency, voice, and/or feeding/swallowing abilities, depending on the individual's needs and goals.

5. Risks:
As with any therapy, progress may be gradual, and outcomes are not guaranteed. Some clients may experience frustration or fatigue during or after sessions. Modifications may be made to accommodate the client’s needs.

6. Client Rights:
- The right to participate in treatment planning and decision-making.

- The right to refuse or discontinue therapy at any time.

- The right to receive respectful and ethical care without discrimination.

7. Attendance and Cancellation Policy:
Consistent attendance is essential for progress.
- Please provide at least 24 hours' notice for cancellations.
- No-shows or late cancellations will be billed at 50% of the full session rate. 2 consecutive no shows or 3 non-consecutive no shows or late cancellations in a 12 week period may result in termination of services.

8. Financial Responsibility:
The undersigned agrees to pay all fees as outlined in the Payment Policy. Insurance reimbursement is the client's responsibility. Sensory Speaking, LLC does not guarantee coverage by any third-party payer.

9. Telepractice (if applicable):
Speech-language therapy services may be provided via telepractice using a secure, HIPAA-compliant video conferencing platform. Teletherapy is considered an effective service delivery method, particularly when in-person sessions are not possible or convenient.

Potential Benefits of Teletherapy:

- Increased access to services regardless of location

- Flexible scheduling and convenience for families

- Continuity of care during illness, travel, or emergencies

- Reduced travel time and costs

- Opportunity for caregivers to participate and observe sessions more easily

Potential Risks of Teletherapy:

- Technical difficulties (e.g., poor internet connection, software issues)

- Disruptions or distractions in the home environment

- Limited ability to engage in certain hands-on or sensory-based activities

- Possible limitations in observing nonverbal cues or behaviors

- Confidentiality risks if sessions are not held in a private setting

By signing this document, you acknowledge that you understand the benefits and risks of telepractice and consent to participate in teletherapy sessions as recommended.

10. Consent Statement:
I have read and understood the information provided above. I have had the opportunity to ask questions and have them answered. I voluntarily consent to speech-language therapy services provided by Sensory Speaking, LLC.

By signing this consent, you acknowledge that you are the legal parent or guardian of the child or individual receiving services, and that you have the legal authority to provide consent for speech therapy and/or reading tutoring services on their behalf.

Signature of Client or Parent/Guardian: _____

Date: _____

Speech-Language Pathologist Name: _____

Signature: _____

Date: _____

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I, _____, consent to participate in speech-language therapy via telepractice through Sensory Speaking, LLC.

I understand the potential risks and benefits of teletherapy and that confidentiality will be maintained to the best extent possible.

Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

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RELEASE OF INFORMATION

I authorize Sensory Speaking, LLC to release and receive information with the following individuals or entities:

Name/Organization: _____ Contact: _____

Purpose: _____

This authorization is valid until: _____ or until revoked in writing.

Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____