

## HEALTH CONSENT FORM

### CONSENT FOR TREATMENT

I give consent to Susan Dane, Speech Language Pathologist of SpeechAbility, to provide assessment and/or therapy for Speech, Language and/or Communication with me/ my child\_\_\_\_\_. I understand the goals of assessment and/or treatment and any questions I have about my/ my child's treatment plan will be answered to my satisfaction.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

### CONSENT FOR THE COST OF SERVICES

I understand that the following fees for speech-language pathology will be charged for Speech Language Pathology Services:

Assessment	Cost	Treatment	Cost
Assessment session	\$155.00 per hour	1 hour session	\$135.00
Report Writing	\$135.00 per hour	45 minute session	\$100.00
Attendance at IEP/School meetings	\$100.00 per hour	30 minute session @ Trafalgar Ridge Montessori only	\$75.00
Written/ Verbal Correspondence with parent, teacher other Therapist in person, by phone or email	\$135.00 per hour	Travel to home/ daycare	
		Distance from office 1-3km	\$10.00
		4-10 km	\$20.00
10-20km	\$30.00		

I understand that fees are payable at the end of each visit. Fees may be paid by cheque or cash or cash transfer. An itemized receipt for insurance claims will be provided. Susan Dane, SLP of SpeechAbility is not responsible for the cost any claims rejected by my insurance provider. Please note that fees are subject to change; 60 days notice will be provided.

### CANCELLATION POLICY

**A minimum of 24 hours notice is required to cancel or rebook an appointment. A minimum of a half hour of service will be billed without 24 hours notice. The fee is waived in case of emergency or inclement weather conditions. Appointments missed without noticed will be billed at 100% of the appointment cost.**

Printed name of child or client: \_\_\_\_\_ Printed Name of Parent \_\_\_\_\_

Signature of Client/ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Methods of Communication

*In keeping with Canada's Anti-Spam Law and law's regarding the transmission of personal information, please indicate your preferences with regard to email and text messaging for communication with SpeechAbility.*

Please indicate below by initialing your consent to electronic communication by email. If you do not consent please indicate this by writing "no".\*\*

**I agree to have the following information communicated to me regarding myself/or my child by email:**

- |   | Initials | or No                    |
|---|----------|--------------------------|
| 1. Information regarding Appointment times/ scheduling:   |          | <input type="checkbox"/> |
| 2. Emailed Invoices<br>(invoices may contain limited personal information such as name, date of birth, date/type of service, address)   |          | <input type="checkbox"/> |
| 3. Information regarding therapy lessons/progress of you or your child<br>(SpeechAbility would not be held responsible for any email breach during email storage or transmission. If you do not consent, this information would be provided via telephone conversation or in paper format.) |          | <input type="checkbox"/> |
| 4. SpeechAbility Blog Posts or Course offerings<br>(SpeechAbility occasionally will post blogs on speech, learning, literacy related issues. Please indicate if you wish to be notified of these posts).  |          | <input type="checkbox"/> |

**I agree to have the following information communicated to me regarding myself/or my child by Text Messaging:**

- |  |                          |
|--|--------------------------|
| 1. Information regarding Appointment times/ scheduling   | <input type="checkbox"/> |
| 2. Information regarding therapy lessons/progress for you or your child<br>(SpeechAbility would not be held responsible for any email breach during email storage or transmission. If you do not consent, this information would be provided via telephone conversation or in paper format.) | <input type="checkbox"/> |

\*You can notify SpeechAbility anytime to change your preferences. This consent form will remain in effect for two years following date of discharge. Please notify SpeechAbility of any change in email address.

Name of Client: \_\_\_\_\_ D.O.B \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Signature of Client or Parent/Guardian: \_\_\_\_\_

## **Privacy Policy**

At Susan Dane's SpeechAbility the confidentiality of your personal health care information is important to me. SpeechAbility Therapy, in keeping with the "Personal Health Information Protection Act (PHIPA)", has set out the following policies that governs the way in which a client's or a potential client's personal health care information is kept confidential. PHIPA outlines 10 principals to be address with regard to confidentiality.

Accountability: In the Private Practice of Susan Dane/SpeechAbility, I am committed to providing responsible and ethical services to my clients. This includes maintaining high standards for security of personal health care information.

Purpose of Collection of Personal Health Care Information: It is the policy of SpeechAbility to collect and record only the information that is pertinent to the effective assessment and treatment of speech, communication or swallowing difficulties. For example: information regarding medications, past medical history may or may not be collected depending on the difficulties treated.

Obtain informed consent: It is the policy of SpeechAbility that access to personal healthcare information will be provided to a third party when the consent by client or client's guardian obtained. For example, to discuss a client's goals or treatment with another speech therapist or teacher, the client or a guardian's consent must be obtained. A client must also provide consent or legal authority in the event that a Third Party payer (WSIB, Benefits Provider, Occupational Health and Safety) requests information.

Limit collection: At SpeechAbility only information relevant to effective assessment/ treatment of a specific communication / swallowing issue will be recorded and maintained in a client's record.

Limit use, disclosure and retention: Any information collected will be used solely for purpose of assessment and treatment of a speech, communication or swallowing disorder. As indicated above, consent to share information will be obtained prior to disclosing personal health care information to a third party. There are a limited number of circumstances that SpeechAbility may be required to share your personal information. These may include: a request from the College of Speech Language Pathologists and Audiologist (CASLPO) during regulatory activities; a request from government agencies such as the Human Rights Commission or Information & Privacy Commissioner in the event of an investigation. Client records are retained for the duration of time set out by the professional college CASLPO and then they will be securely destroyed.

Accuracy: It is the policy of SpeechAbility to provide accurate records that reflect the services provided to a client.

Appropriate safeguards: SpeechAbility makes every effort to maintain secure records and communication of information. Your information is securely stored at all times. With your consent, email and text are used as a means of communication between parties. Documents including invoices, progress notes and reports will be password protected when transferred.

Openess/Access To records: At SpeechAbility, you can access your client record with a written request. For records older than 1 year a 30 day maximum time period may be required to retrieve your information from the archives.

Recourse/Additional information: A full copy of the Privacy Policy of SpeechAbility is available upon request. If you wish clarification regarding consent or the privacy of your personal health records please contact Susan Dane at (905) 464-0363 or [sue@speechability.ca](mailto:sue@speechability.ca). Additional information regarding privacy and reporting a breach to the Privacy Commissioner can be found at [www.priv.gc.ca](http://www.priv.gc.ca).