

**Purvi Gandhi Speech-Language Pathology Services
127 South Street, Oyster Bay, NY 11771
(917) 860-3373**

**Purvi Gandhi, M.A., CCC-SLP, TSSLD
Certified Speech-Language Pathologist
PURVI GANDHI SLP, PLLC
License# 016449-1
ASHA# 12120463**

Parent/ Client Contract

Dear _____

This packet contains forms to be completed and returned by mail or fax prior to your appointment. Please return all forms by mail or fax one week prior to treatment date. If you fax the forms, then please bring the originals on the date of the appointment. If you have additional information, such as school report or therapy reports, then please forward those as well. Should you have any questions about the completion of these forms, please call me at (917) 860-3373.

Please return forms to:

Purvi Gandhi M.A., CCC-SLP, TSSLD
127 South Street,
Oyster Bay, NY 11771
Fax: 516-226-3549

Sincerely,

Purvi Gandhi M.A., CCC-SLP, TSSLD

Please make sure to complete the following items to help prepare for initiation of treatment.

- Complete the packet.
- Send or fax the completed packet and bring the original forms if the copy was faxed.
- Send other evaluation or treatment reports.

Thank you for selecting Purvi Gandhi Speech- Language Pathology Services as your provider for speech- language therapy services. This contract identifies the expectations and duties of the speech-language pathologist, client, and/or client's parties for services to be provided.

Purvi Gandhi SLP, PLLC and _____ hereby agree to the terms set forth below:

- Speech and language therapy services are provided at therapy room by Purvi Gandhi M.A., CCC-SLP, a New York licensed and ASHA certified speech-language pathologist.
- Purvi Gandhi SLP, PLLC will not be held responsible for any claims or 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.
- All client information will be kept confidential. It will be kept in a secure location away from public access.
- Evaluation reports, progress reports, therapy goals and therapy plans will be sent to outside sources (doctor's office, school) in a private manner, if applicable.
- Written approval will be obtained to share private information with other outside sources or professionals.
- This is the entire agreement and no promises outside of the agreement made on or before the effective date will be binding upon the parties.

Cancellation Policy:

- All cancellations require at least a 24-hour notice. All clients will be allowed two (2) free cancellations per year. After that, each additional cancellation will be charged 50% of the speech therapy rate.
- If your child is sick or an emergency emerges, please contact Purvi Gandhi Speech-Language Pathology services, as we are understanding of unexpected situations.
- If we are unable to keep a therapy appointment for any reason, we will notify you as soon as possible, and a make-up appointment will be scheduled.
- We will notify you in an event that we must cancel your session for any reason. It should not be assumed that your session is canceled based upon school closings or early dismissals. If you are unsure as to whether or not the services are open, please call the office at (917) 860-3373.
- If you are late to an appointment, the session will need to conclude at the usual time to allow the clinician to stay on schedule. If the clinician is running late for any reason, you will be given the time for a full session. Our staff regrets any inconvenience to your personal schedule, and we will make our best efforts to maintain timeliness.

Holiday Closures:

The office will be closed for the following holidays:

- New Year's Day
- President's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving and the Friday after
- Christmas Eve and Christmas Day

Please do not assume that we are closed on days that your child may have off from school. We are open during many of the typical school holidays and vacations. If you are unsure if we will be open or closed during a particular holiday, please call the office at (917) 860-3373.

Sessions:

- Purvi Gandhi SLP, PLLC can provide an initial evaluation at the request of the client/client's parents, however, we are not required to conduct our own independent evaluation to establish a plan of therapy in order to bill for our services. Parents can provide their child's school, hospital and/or previous private practice evaluation report as a means of generating speech-language goals, if available. If the evaluation report is dated a year ago, the speech-language pathologist may recommend reevaluation to obtain an updated account of the client's ability level. An updated evaluation is needed to establish goals and provide therapy.
- Speech-Language therapy services will be provided based on goals agreed upon by both parties in order to best serve your individual child. Goals can be established through one or more of the following means: Administered evaluation/reports, outside evaluations/reports, observations and parent requests.
- In order to ensure the safety of your child during his/her therapy session, it is important that an adult be present during therapy. Parents are welcome to observe therapy sessions and to be active participants in your child's therapy. Parents will be called into the therapy room to speak with the clinician about the child's progress and homework during the last 5 minutes of the session. This is an important part of the therapy session, as your child's progress is contingent upon the practice and carryover that occurs in the home setting.
- Sessions will be 30 minutes, 45 minutes or 60 minutes long. Session length will be tailored towards what would best serve the needs of your individual child.
- If you have specific questions, issues, or concerns that you would like to address than please let the clinician know at the beginning of the session, so that the proper amount of time can be allotted to speak with you. We will appreciate your understanding and compliance in helping us to maintain timeliness for all of our scheduled appointments.
- If your child attends his/her session with another caregiver, the clinician will update them regarding your client's session only if a release of information form is signed.
- We do not attend IFSP or IEP meetings or develop IFSP or IEP goals for families. We will speak with your child's Early Intervention or school-based

speech-language pathologist on the phone or via email given your written authorization. If you ask us to write in a communication book with a school-based speech-language pathologist, we will do so during your child's appointment time. If you would like a progress report, due to a transition within the school or an appointment with a related professional, please allow the clinician at least two (2) weeks' notice.

Office Etiquette:

- Upon arrival, please walk your child into the waiting room and please stay with your child until a clinician comes to get you.
- We ask you that you are respectful of the fact that therapy sessions may be in progress or clinicians may be on the phone. Please do not allow your child to walk/run up and down the hallway. We do not allow behaviors in our waiting room that may injure your child or others, nor do we allow behaviors that might disturb ongoing therapy sessions. Please do not allow your child to climb or jump on chairs, toys, open/slam doors, or draw on the wall/toys/books. Please help us by cleaning up the toys in the waiting room when your child is done playing. We appreciate your assistance in maintaining a clean and comfortable waiting area for everyone. Clients are also prohibited from bringing food into the waiting room due to concerns with food allergies.

Termination of Therapy:

The following reasons may be cause for termination of our client contract.

- Behavior of a client or a parent/guardian.
- Non-compliance with our attendance policy.
- Repeatedly not paying an account. You will receive a notice of any outstanding balance. If we do not receive your payment within 2 weeks of the past-due notice, therapy will be placed on hold until payments are rendered in full. Your child may lose his/ her appointment time slot and be placed on a waiting list at that time.

- Engaging in behavior that breaches trust such as withholding pertinent information about the case history or asking us to alter our data and diagnosis.
- If you need to terminate therapy for any reason, we ask that you give us written notice a minimum of two sessions in advance. This will allow us adequate time to wrap-up therapy and complete consultation with you.
- Purvi Gandhi SLP, PLLC reserves the right to cancel or amend this contract or any part therein without negating the remainder of the contract. Client's will be notified in writing of any changes or cancellation of this contract.

Payment Policy:

- Rate per Session: \$100 per 30 minutes, \$150 per 45 minutes.
- Payment is expected at the time of service unless prior arrangements have been made.
- If payment is not received, a reminder will be sent out. If payment is not made for two sessions, therapy will be discontinued until the account is paid in full.
- Forms of payment accepted are cash and check (made payable to Purvi Gandhi SLP, PLLC). A \$25 fee will be applied to all bounced checks.
- The client is solely responsible for submitting all claims to their insurance company, should one wish to receive reimbursement for any services rendered by Purvi Gandhi SLP, PLLC. Purvi Gandhi SLP, PLLC. does not participate with any insurance companies but will provide a receipt with diagnostic and treatment codes at the end of each month during which services were rendered.
- The rates of treatment are subject to change.

I read, understand and agree to the policies outlined above. This is the agreement in entirety and no promises outside of the agreement made on or before the effective date will be binding upon the parties. My signature indicates that I consent to all rules and regulations of Purvi Gandhi SLP, PLLC.

Client Name: _____

Parent Signature: _____

Date: _____

Speech-Language Pathologist Signature: _____