

Practice Policies

ROOTS SPEECH THERAPY

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PRACTICE POLICIES

APPOINTMENTS, PAYMENTS AND CANCELLATIONS

The standard meeting time for speech and language therapy sessions is 60 minutes. Requests to change the 60 minute session need to be discussed with your therapist in order for time to be scheduled in advance. 60 minute sessions include 45-50 minutes of direct therapy, plus 10-15 minutes of note-taking/email updates. 40 minute sessions include 30-35 minutes of direct therapy, plus 5-10 minutes of note-taking/email updates. 30 minute sessions include 25 minutes of direct therapy, plus 5 minutes of note-taking/email updates. Only 60 minute sessions will be offered for travel sessions to a private home location, or for a single student at a private school location. Shorter sessions are offered for home office visits or multiple students seen at a single school location.

I do not accept insurance at this time. I accept many forms of private payment including Stripe for credit cards or FSA cards, Venmo, Zelle, check or cash. Payment is due the day of the session or within 24 hours upon receipt of your invoice. I can provide a superbill for insurance submission upon request, however payment in full must be made to me directly and can not be postponed until insurance responds to your claim. In the case of overdue payments, your sessions will be placed on a hold until payment is received. A \$35 service charge will be charged for any checks returned for any reason for special handling.

Please remember to cancel or reschedule 24 hours in advance. Cancellations and re-scheduled sessions will be subject to a 50% charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time, but will still be responsible for the full session fee.

TELEPHONE AND TELEHEALTH ACCESSIBILITY

If you need to contact me between sessions, please text or leave a message on my Google Voice (858-859-1531) or cell (858-352-8924). I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to telehealth sessions. However, in the event that you are out of town, sick or need additional support, telehealth sessions are available.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook,

LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content. Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist choose to use information technology for some or all of your treatment, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of lost work time and travel costs. Effective treatment is often facilitated when the healthcare provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. The provider may make assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual observations, information, and experiences. When using information technology in services, potential risks include, but are not limited to the provider's inability to make visual observations of clinically or therapeutically potentially relevant issues such as: your physical condition relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language,

and congruence of language and facial or bodily expression. Potential consequences thus include the provider not being aware of what they would consider important information, that you may not recognize as significant to present verbally to the provider.

MINORS

If you are a minor, your parents may be legally entitled to some information about your treatment. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the treatment is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If treatment is terminated for any reason or you request another provider, I will provide you with a list of qualified speech and language pathologists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.