



## CLIENT INFORMATION AND CONSENT FORM

Last updated on March 18, 2022

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*Please read the following and sign at the end, stating you have fully read and understand the information. Please do not hesitate to direct questions to our office before signing.*

**AVAILABLE SERVICES:** Salubris Speech Therapy, LLC, and contracted speech-language pathologists offer a wide range of services, including speech, language, social communication, cognitive-communication, voice, and swallowing treatment for children and adults.

**EVALUATIONS:** A full speech-language and cognitive evaluation involves an initial appointment that is typically 45-60 minutes in length, completion of a case history form prior to or during evaluation time, scoring and interpretation of the testing and information packets, discussion and planning with family involvement, and report writing that summarizes all the information gathered throughout the evaluation. When necessary, the report is then shared with the referring physician. A typical comprehensive evaluation typically takes, on average, more than two (2) hours of the speech-language pathologist's and clinical staff's time.

**SUPERVISION:** Speech-language pathologists at Salubris Speech Therapy, LLC occasionally supervise non-licensed graduate students specializing in speech-language pathology through our center. The advanced graduate students participating in this rotation are selected carefully and receive direct supervision and guidance from our clinicians during all clinical work. We also occasionally allow observation by university-level students who are interested in pursuing a career in speech-language pathology. These students do not engage in the treatment of our clients, but merely observe and later discuss their observations as a learning opportunity only.

**CONFIDENTIALITY:** At Salubris Speech Therapy, LLC, our clinicians and staff follow all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your evaluations and treatments, and these records are confidential with the exceptions noted in the Notice of Privacy Practices provided or available to you. If you have any questions regarding confidentiality, please bring them to our attention. By signing this Client Information and Consent Form, you are giving consent to Salubris Speech Therapy, LLC to share confidential information with all persons mandated by law, the agency that referred you, and the insurance carrier responsible for providing your speech-language pathology services and payment for those services. Salubris Speech Therapy, LLC and its staff are not responsible for any departure from your right of confidentiality that may result as an exchange of sensitive information with these agencies.

**DUTY TO WARN/DUTY TO PROTECT:** By signing this Client Information and Consent Form, if your clinician(s) at Salubris Speech Therapy, LLC believes that you (or your child if child is the client) are in physical or emotional danger to yourself or another human being, you specifically give consent to our clinician(s) to contact any person who is in a position to prevent harm to you or our child or another, including, but not limited to, the person in danger.

**CLIENT ATTENDANCE AGREEMENT:** For each scheduled appointment, clinicians at Salubris Speech Therapy, LLC take time to prepare for each session to ensure the highest quality of therapy. Therefore, Salubris Speech Therapy, LLC does have the following cancellation policy: Three (3) missed visits without at least 24-hour notice and/or patterned absences can lead to a formal discharge from therapy services by clinicians at Salubris Speech Therapy, LLC. By signing this Client Information and Consent Form, I acknowledge this Client Attendance Policy and agree to provide at least 24-hour notice for cancellation of any therapy session except under emergency circumstances.

**CONSENT TO TREATMENT:** By signing this Client Information and Consent Form as the Client or as the Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive speech, language, social communication, cognitive-communication, voice, and/or swallowing assessment, treatment, and services for me (or for my child if said child is the client), and I understand that I may end such treatment or services at any time.

**NOTE:** If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child’s speech, language, social communication, cognitive-communication, voice, and/or swallowing evaluation and treatment, Salubris Speech Therapy, LLC will not render services to your child until the clinician has received and reviewed a copy of the most recent applicable court order.

**PRIVACY POLICY:** This practice abides by all Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements and a poster of these requirements is posted in the patient lobby near the front desk for your convenient review. I acknowledge that I am aware of the posted HIPAA requirements poster and understand that this practice agrees to abide by these requirements. I understand that if I so desire, a copy of these HIPAA requirements can be printed and provided upon request.

**CLIENT INFORMATION AND CONSENT**

Please sign and date to indicate that you have received, read, and understood all of the information contained in this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Date

Please return to [info@kissimmeepeech.com](mailto:info@kissimmeepeech.com)