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**WELCOME to the TALK Team**

**CVRC Client**

Thank you for considering The TALK Team for your speech-language therapy needs. We provide specialized diagnostic, therapeutic and academic speech-language services.

As licensed and certified speech-language pathologists, we explore every possible resource to help our clients achieve their goals. By taking a personalized, individual approach, we are able to improve their ability to use and understand speech and language effectively in all aspects of life.

In this packet, you will find forms for your review, as well as forms which need to be completed and returned to The TALK Team clinic prior to the onset of an evaluation and/or therapy.

Please use the following checklist to ensure you have completed all of the necessary information.

- Policies and Procedures
- New Client Information
- Case History

If you have copies of reports from previous evaluations/services or IEPs you would like us to include in your records, please give those to us as well.

As always, feel free to contact us with any questions or concerns.

Sincerely,

The Staff at The TALK Team

## The TALK Team's POLICIES & PROCEDURES

Please initial each section and sign at the bottom, indicating you have read, understand, and agree to abide by the policies described.

### Individual Therapy

Our individual therapy sessions are 50 minutes long. Central Valley Regional Center will cover services until your child's third birthday.

We typically see clients 1-2 times per week. This frequency may be adjusted depending on the individual treatment plan. Your speech-language pathologist will provide a recommendation for both the length of session, as well as the frequency, based on the results of the evaluation and/or consultation.

**For the children with whom we work, parent/caregiver education is vital in accomplishing the established therapeutic goals.** Therefore, as part of treatment, direct therapy is usually concluded about 5-10 minutes prior to the end of the session, in order to review the targeted goals with you and answer any questions you may have. Parental involvement may vary depending on the treatment plan. Please ask your speech-language pathologist if you have any questions regarding this aspect of therapy.

### **ATTENDANCE**

You must attend therapy consistently in order to keep your weekly schedule. **Excessive absences will result in the loss of your standing therapy time.**

We feel that occasionally working with another speech-language pathologist can be beneficial for treatment, not only because of the continuity of service it provides, but also for the opportunity to receive feedback from another professional and to gain a different perspective on skills and goals.

Adhering to this attendance policy, demonstrates your commitment and understanding of the benefits of consistent speech-language therapy. Our staff is expected to demonstrate the same commitment and understanding to you. We will do our best to reschedule sessions or provide coverage for sessions that are missed due to SLP absence.

\_\_\_\_\_ initials

**CANCELLATION POLICY**

At The TALK Team, we are dedicated to providing you excellent service. In order to do so, consistent attendance is essential.

**\*Please Cancel all appointments with at least 24 hour notice.**

Exceptions to this 24 hour policy include cancellations as a result of:

- (1) Sudden onset of infectious illness (See our Infectious Disease Control Guidelines, for more specific information)
- (2) Unforeseen Emergencies

\*If the cancellation, for reasons other than those above, is not made with 24 hours advance notice, it will be considered a “no show” and will jeopardize your scheduled appointment time.

\*Frequent cancellations may cause you to lose your scheduled therapy time-slot.

Please note:

\*If you are late to your appointment, we cannot adjust the length of your session or amount billed.

**\*TWO “no shows” or late cancellations will automatically cause you to lose your scheduled therapy time-slot and may be cause for termination of services.**

\_\_\_\_\_ initials

**COMMUNICATION**

In accordance with the regulations set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to obtain information about your communication preferences.

Please check all that apply. I prefer to be contacted by:

- On my home phone number.
- On my cell phone number.
- With the following people:

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**EDUCATIONAL OBSERVATIONS**

Because we have a close relationship with the local university, we are sometimes asked to provide observations to their speech-language pathology students and practicing clinicians. We also provide training to students obtaining their master's degree in Speech-Language Pathology. The nature of the therapy we provide is very specialized, therefore, we are often asked to provide the opportunity for speech-language pathologists or related professionals to observe for educational purposes.

These observations and trainings are approved by your speech-language pathologist on an individualized basis. She will allow the observation, if she feels confident that doing so would not affect the integrity of the session.

\_\_\_\_\_initials

I agree that this Waiver and Release of Liability shall apply to each day I am at The TALK Team regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries. Losses, or damages, that might occur to my child or other family members while on the premises of the preschool or participating in any off-site preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suit, or related causes of action against The TALK Team, their owners, therapists, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the clinic arising from my conduct and/or my family's conduct while participating in the clinics programs or activities. I further agree to release, indemnify, defend and hold The TALK Team harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Amy Prince, MA CCC-SLP, BCBA and Amber Ladd, MA CCC-SLP, BCBA are the directors of the clinic. If you have questions or concerns about any aspect of your services at The TALK Team, please do not hesitate to contact them at (559) 970-8277 or at: [info@thetalkteam.com](mailto:info@thetalkteam.com)

I have read, understand, and agree to abide by all sections listed above.

Child's Name: \_\_\_\_\_ Child's DOB: \_\_/\_\_/\_\_

Your Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_