**Policy A****cknowledgement for Clients**

**Harmonize for Speech, Hearing and Language Clinic**

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**Hello and welcome** to the Harmonize for Speech, Hearing and Language Clinic at Georgian College!

**This document goes over information how to provide good and safe care for your treatments, and for students to have a good learning experience. Here are a few rules.**

**Please circle the thumbs up if you agree to the**

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**information or circle thumbs down if you do not agree**

**and please initial down below.**



Time of Treatment will change for each client’s goals.



We book new clients at the start of the new school term.



Our goal will be to provide clients with care for **2** semesters with choice of the managing Speech-Language Pathologist.

At the end of the **2** semesters clients are removed from list and may want to be put onto a wait list for access to the clinic.



 Clients will only be treated in our clinic if they have provided the following:

* Assessment with detailed care goals from an outside Speech-Language Pathologist has to be current (within 6 months).
* If the client is discharged from the clinic, the client may re-apply and put on wait list.
* A reassessment by an outside Speech-Language Pathologist with updated care goals will be needed for ongoing clinic services.

 Payment is needed at the time of the appointment.

Any unpaid balances will be sent to the Manager of the Health & Wellness Clinics, client can be removed from clinic.

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 **Client Initials Here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



 -Clients who cancel with less than **24** hours’ notice.

-Who are 5-10 minutes late.

-Who do not show up for appointments will have to wait till the **next** semester to be seen.

**1st** attendance is noted in the client file by the Customer Service Representative

- **2nd** attendance violations are noted, and client will be charged a **$15.00** **fee** for**:**

- **Missed** appointment **must pay the $15.00 before receiving care**.

- If **3** “no shows”, short-notice cancellations or late arrivals are noted, the Manager of Health & Wellness Clinics will discharge the client in writing.

****or

**By signing this document, I acknowledge that I have read and understood the information above listing the expectations and policies.**

**Printed Name of Client or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Client or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**