



Policy Review and Procedures

Patient Name: _____ DOB: _____

The following information is provided to ensure therapy services provided by Voz Speech Therapy are successful for you or your child. Please review the following policy and procedural information and sign indicating that you are aware and comply.

- Eligibility and frequency of therapy will be determined by the clinician based on level of severity and will be documented in the child's plan of care/evaluation report with agreement from the caregiver.
- Therapy visits will be consistent, with a specific day and time agreed upon by clinician and caregiver. Please see cancellation policy.
- Therapy visits will be a minimum of 40 minutes and a maximum of 45 minutes, to allow any extra time to discuss current progress, caregiver education, and/or to answer any questions.
- A visit/SOAP note will be completed by the clinician following each visit to accurately document child's progress and mastery of goals. A copy of this note can be requested, in print and/or electronically, from the clinician for your records.
- A re-evaluation is recommended every 6-8 months to determine current level of progress, mastery of goals and eligibility for therapy services; however, depending on child's progress he/she may be discharged at any time, making a re-evaluation unnecessary.

"I have read and consent to the Policy Review and Procedures form regarding therapy services with Voz Speech Therapy."

Patient/Caregiver Signature

Date