

Rebecca S. Thorsen M.S., CCC-SLP, COM

Speech and Language Pathologist

Certified Orofacial Myologist

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AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Certified Member

POLICIES

Appointments/Cancellations:

A consultation is the first step in determining what is best for your child. If your child needs a full evaluation, 1-2 sessions will be scheduled for testing. If your child requires therapy, you will then be given a scheduled weekly appointment. If you must cancel, please notify me by 9:00AM of the scheduled day, otherwise you will be charged \$50 for the session, regardless of services rendered. Obviously, emergencies are the exception to the rule. Each client is forgiven one missed appointment. If I must cancel, I will give as much notice as possible, and then determine when best to schedule a make-up session.

Therapy:

Each treatment session lasts 25 minutes. This allows for a 5 minute briefing for parents regarding each session. Sessions start at the scheduled time no matter when the client arrives. The session then ends promptly 30 minutes after that. If I am running late, your child will still receive the allotted 30 minutes.

Insurance:

You are responsible for payment for your child's services regardless of your insurance coverage. I can assist you in billing your PPO insurance; however, I am not responsible for non-coverage from your insurance company. That contract is between you and your insurance company. Please call me for more information regarding insurance billing.

Homework:

Your child needs to be reinforced at home regarding specific targeted goal areas. He/she will not be able to reach the goals outlined in the assessment report unless the parent/caregiver is willing to work with their child at home. Your cooperation is an essential component to your child's progress.

Right to conclude treatment:

I reserve the right to conclude treatment with any client for reasons stated, but not limited to: lack of client progress, plateau of skill, lack of parent involvement, or consistently missed appointments/late arrivals.

I have read the Policies page and am willing to comply with such. I understand that I am ultimately responsible for payment regardless of insurance coverage. I agree to work on the provided homework because I understand this will help my child reach his/her goals as outlined in the assessment report.

Signature

I have received a copy of the “Notice of Privacy Practices” in compliance with HIPAA guidelines, (Health Insurance Portability and Accountability Act)

Signature

I hereby consent that my name and/or any picture/video of me may be used by Rebecca Thorsen, M.S. for such purposes as she may desire in connection with her research and professional activities, and may be used, exhibited, and published for educational and promotional purposes and includes any media currently in use or yet to be invented, in perpetuity.

Signature