CONSENT FOR SERVICES, CANCELLATION POLICY, & PRIVACY POLICY

Clinic/Practice Name: Ready, Set, Speak
Speech-Language Pathologist: Shannon Kushniruk R.SLP ACSLPA Registration Number 4664
Client Name (Child): _____
Date of Birth: _____ (MM/DD/YYYY)
Parent/Legal Guardian Name(s) (please list all):
_____
_____

Phone Number: _____
Email: _____
Address (include postal code): _____
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1. Consent to Speech-Language Pathology Services

I hereby request and consent to pediatric speech-language pathology services for my child, provided by **Ready, Set, Speak**.

- **Nature of Services:** Services may include clinical screening, formal or informal assessment, direct intervention, home programming, consultation with caregivers and other professionals currently working with the child, and discharge planning.
- **Benefits & Risks:** The benefits of speech-language therapy include improved communication skills, enhanced academic confidence, and better social interactions and play skills. Risks are minimal but may

include temporary frustration or behavioral pushback as the child handles challenging tasks.

- **Alternative Options:** Alternatives include opting out of treatment, seeking public health services (e.g., Alberta Health Services), or delaying intervention.
- **Right to Withdraw:** I understand that consent is an ongoing process. I have the right to refuse individual interventions or completely withdraw my consent at any time without reprisal.

2. Appointment Booking & Late Cancellation Policy

Consistency is critical to therapeutic success, and appointment times are reserved exclusively for your child.

- **Cancellation Notice:** If you need to cancel or reschedule an appointment, you must provide at least **24 hours' notice** prior to the scheduled session.
- **Late Cancellation / No-Show Fee:** Cancellations made with less than the required notice, or completely missed appointments (no-shows), will be subject to a fee equal to the full session rate.
- **Exceptions:** We understand that children get sick suddenly and emergencies happen. Fees may be waived at the clinician's discretion for sudden illness or emergencies if communication is made as early as possible.
- **Payment of Fees:** Sessions will be billed at an hourly rate of $140.00, with a minimum of 15 minutes of indirect time billed for every 45 minutes of direct time. A one-time new client administration and set up fee of $55.00 will be charged on the first invoice. All fees must be paid within 15 days of the date of the invoice provided. Payment can be provided via cash, check, or e-transfer to shannon@ready-set-speak.com using the following universal question and password:
    - Question: universal
    - Password: readysetspeakslp

3. Privacy & Data Storage

- **Collection and Use:** Ready, Set, Speak collects personal and health information directly from you. This data is used solely to plan therapy, evaluate progress, and manage payment invoicing.
- **Data Storage Platforms:** We use specialized, secure digital platforms to manage your data:
    - **Owl Practice:** Your child's primary electronic health record (EHR)—including clinical assessment scores, therapy progress notes, session scheduling, and invoicing—is securely managed on Owl Practice. Owl Practice utilizes end-to-end encryption, maintains data centers located strictly within Canada, and enforces technical safeguards compliant with HIA and PIPA standards.
    - **Google Workspace:** We utilize a paid Google Workspace environment for administrative operations (such as business emails, form collection, and secure document drafts). We have executed a formal Business Associate Agreement (BAA) with Google and configured strict access controls.
    - **QuickBooks:** For commercial business operations, bookkeeping, and financial tax accounting, we utilize QuickBooks. Financial profiles (such as parent billing names, service fees, payment histories, and invoices) are processed through this secure platform. QuickBooks uses industry-standard encryption and security protocols to safeguard commercial financial data.
    - **Adobe Acrobat / Adobe Sign:** For scanning, creating pdf documents and password protecting pdf documents, we utilize a secure, paid Adobe account. Adobe employs strict cryptographic encryption protocols and access permissions to safeguard clinical documentation.
- **Data Retention:** In accordance with ACSLPA bylaws and provincial standards, pediatric health records must be securely maintained for at least **10 years** past the date the child reaches the age of majority (18), or until the child turns **28 years old**.

4. Consent to Obtain and Share Information (Multidisciplinary Collaboration)

To provide the highest quality of care, it is often beneficial to collaborate with other professionals involved in your child's care. Your explicit permission is required to exchange information.

By checking the boxes below, I authorize Ready, Set, Speak to **obtain records/information from** and/or **share clinical updates/reports with** the specified professionals:

Professional / Organization	Name of Contact	Obtain Info?	Share Info?
Family Physician / Pediatrician	_____	[ ] Yes	[ ] Yes
School / Daycare (Teacher/Aide)	_____	[ ] Yes	[ ] Yes
Occupational Therapist (OT)	_____	[ ] Yes	[ ] Yes
Physical Therapist (PT)	_____	[ ] Yes	[ ] Yes
Psychologist / Audiologist	_____	[ ] Yes	[ ] Yes
Alberta Health Services (AHS)	_____	[ ] Yes	[ ] Yes
Other:	_____	[ ] Yes	[ ] Yes

- [ ] **No, do not disclose or obtain** any health information to or from external parties. I wish for all management of care to go directly through me as the parent/guardian.

Note: You may modify or revoke this authorization at any time by providing written notice. Information will otherwise only be disclosed without consent in rare legal exemptions required by law (e.g., a subpoena or child protection mandate).

5. Electronic Communication Consent

Communicating via standard email or text messaging carries inherent security risks, as information can be intercepted during transmission.

- [ ] **I consent** to receive unencrypted emails and texts for administrative purposes (e.g., booking confirmations via Owl Practice, billing invoices, scheduling changes etc.).
- [ ] **I consent** to receive clinical documents (e.g., assessment reports, session notes, home strategies, treatment materials etc.) via electronic communication (i.e., email).
- [ ] **I consent** to the use of virtual meeting platforms (e.g., Microsoft teams, zoom, google meet etc.) as an option for team meetings, parent consultation sessions, and teletherapy sessions (if deemed appropriate/necessary).
- [ ] **I understand** that standard text messaging is not a secure form of electronic communication and that if I choose to share information using this platform, the security of the information cannot be ensured.

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6. Acknowledgement and Signatures

By signing below, I certify that I am the legal guardian of the child named above, that I have read and understood this document, and that I have had the opportunity to ask questions regarding services, financial policies, and privacy practices.

Parent / Legal Guardian Signature: _____
Printed Name: _____
Date: _____ (MM/DD/YYYY)