

Client Name: _____

1. Your parking permit should be visible and you should only park in the designated areas.
2. Attendance at your sessions is important. As a training facility, our students depend on your attendance to complete the hours required as part of their practicum. We ask you to:
 - i. Notify us two hours in advanced if you are going to be absent. Please call the clinic at (813) 974-9844.
 - ii. Be on time for your session. Notify us if you are going to be late for your session. You have been assigned a specific time for your session. Our students cannot extend the sessions if you are late.
3. If the client receiving therapy is sick, please notify us and do not attend therapy.
4. As a teaching facility, we allow for observation of the sessions from our observation rooms. The observation rooms are used by parents/caregivers, students, and on occasion, supervisors. Please remember that we cannot accommodate more than 2 observers per session. If you are watching from an observation room, please be quiet. Noise may disrupt the treatment session. Please do not move furniture from the rooms.
5. Video recording or photography of the sessions using personal devices is not allowed without written consent from the Supervisor and Graduate student clinician. If other clients are present in the session, recording of the session is not allowed.
6. If you discontinue services during the semester, without a reasonable excuse, it will be at our discretion whether or not to keep you on the waiting list. Remember that our students need to complete a specific number of hours per semester and your cancellation can impact their completion of these hours.
7. Within the time allotted for your session, we include the following:
 - i. Warm up/rapport
 - ii. Therapy
 - iii. Consultation with parents and/or caregivers. We cannot extend our sessions for consultations without prior notice. If you need to talk for an extended amount of time to your clinician or supervisor, please notify us before the session begins so we can allow time for it.
8. We do not bill insurance for therapy sessions. It is your responsibility to complete any paperwork related to insurance claims.
 - i. Fees for all evaluations and screenings are due and payable at the time services are rendered. Insurance claims and third party payments are the client's responsibility.
 - ii. Our clinic provides you with services at an extremely reasonable fee. Average fees for services in the community are \$90/hour. We charge a flat fee for the whole semester.
 - iii. Therapy fees are not refundable for unattended therapy sessions. Three consecutive absences from scheduled therapy sessions without prior notification may result in termination from therapy.
 - iv. If you would like to be considered for a fee reduction, please provide us with the necessary documentation. We cannot process any fee reduction without supporting documentation.
 - v. We have a fee for consultations. Any activities outside our clinic that require our supervisors' attendance will be billed at our standard rate of \$175/hour.

I have read the above information and agree to the USF-SLHC rules.

Signature

Date

Print name

Relation to client