

Lambert Speech & Language Services
Carriage Towne Commons
17 Main Street ~ Suite 2 ~ P.O. Box 273
Belchertown, MA 01007
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CLIENT'S RIGHTS AND RESPONSIBILITIES

Lambert Speech and Language Services is committed to providing high quality, child and family centered services to all of our clients. It is important to us that you are aware of your rights as clients, as well as your responsibilities.

Appointments

In order to minimize the disruption to your child's therapy program, we will make every effort to reschedule your child's appointment if your therapist is out due to an illness.

Please do not bring your child in for therapy should he/she have any illness which may be transmitted to other children. A good rule of thumb is if your child is too ill to attend his/her school or child care program, then he/she should not attend therapy that day. We ask that you call **at least** two to three hours prior to your appointment should you need to cancel due to illness, and at least 24 hours ahead should you need to cancel for other reasons. As we do have a number of children waiting for services, your child **will** be discharged from the program should you miss two appointments without calling. Continually cancelled appointments will also result in your child's discharge.

Please note that sessions generally last 40-45 minutes. We will do our best to be on time and ask that you do the same.

Family Participation

We recognize that your child's best teacher is YOU! We strongly urge you to complete the home exercises your therapist provides to you on a consistent/weekly basis, in order to help your child progress towards his/her goals for treatment. The more you practice at home, the quicker your child will improve.

We will continually review your child's therapy program with you and encourage you to observe our sessions as often as is necessary / possible. Sometimes, we may ask that you wait for your child in the waiting area if we feel it might be distracting to your child to have you remain in the room.

In the interest of safety and to promote family participation, we ask that you remain in the clinic while your child is receiving services.

Customer Satisfaction

Your satisfaction is very important to us. If you have any concerns or questions, please feel free to approach your therapist or the program director, Caro Lambert, at 413-218-8526.

Payment

Payment for services is expected at the time of your appointment. We accept personal checks, bank checks and cash. We appreciate your timeliness and cooperation in this matter

Please sign below to indicate that you have read and understand your rights and responsibilities.

Parent Signature: _____ **Date:** _____