**Speech-Language Pathology Services Disclosure**

\_\_\_\_\_ (initial) I understand that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has an appointment at the Alaska Speech & Language Depot, Inc. on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_ a.m. / p.m.

\_\_\_\_\_ (initial) I understand that my child *cannot* receive speech-language pathology services from more than one private speech-language pathologist on any given day.

\_\_\_\_\_ (initial) I understand that it is my responsibility to inform the Alaska Speech & Language Depot, Inc. if my child receives speech-language pathology services from another provider.

\_\_\_\_\_ (initial) I understand that if my child receives speech-language pathology services from another provider and that appointment changes, it is my responsibility to inform the Alaska Speech & Language Depot, Inc. of the new appointment time.

\_\_\_\_\_ (initial) I understand that if it is determined that my child is receiving speech-language pathology services from more than one speech-language pathologist on any given day that I can be held responsible for payment of services rendered by the Alaska Speech & Language Depot, Inc.

\_\_\_\_\_ (initial) I understand that if my child is seeing more than one speech-language pathologist on any given day, my child’s appointment at the Alaska Speech & Language Depot, Inc. will be suspended until his/her appointment conflict can be resolved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Relationship Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech-Language Pathologist Clinic Appointment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech-Language Pathologist Clinic Appointment