



## AND ASSOCIATES

Speech Pathology + Applied Behavior Analysis

[www.dowerandassociates.com](http://www.dowerandassociates.com) | established 1993

### Informed Consent for Speech Language Therapy

Client Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

I hereby request and consent to Dower and Associates, Inc. to perform treatment and care for my child as prescribed by a physician and/or recommended by a Speech Language Pathologist.

1. I understand and am informed that, as in the practice of medicine, Speech Language therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition prior to treatment.
2. I consent and authorize Dower and Associates, Inc., to administer treatment under the direction and supervision of a certified and licensed Speech Language Pathologist. In addition:
  - a. I agree with the treatment goals and therapy plan as designed by my child's speech-language pathologist.
  - b. I agree to attend scheduled therapy sessions when it is requested by my child's speech-language pathologist.
  - c. I agree to participate in my child's treatment as appropriate.
  - d. I agree to help my child carry over the skills learned in therapy at home.
3. I understand that Dower and Associates, Inc. sometimes accepts graduate student interns at the practice. I further acknowledge that a student intern may be present and participating in

#### **Dower and Associates, Inc.**

Corporate Office Address: 9845 Business Way, Manassas, Virginia 20110

Leesburg Office Address: 20600 Red Cedar Drive Leesburg, VA 20175

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Speech/Language Evaluations & Therapy \* Academic & Remedial Tutoring \* Educational Consultations  
IEP Development & Consultations \* Applied Behavior Analysis (ABA) Instruction, Consultation and Training

the speech language therapy sessions for my child at Dower and Associates, Inc. If a student intern is present, the intern will always be under the direct supervision of my child's fully certified and licensed Speech Language Pathologist.

4. I acknowledge and agree that if my child is being brought to a session by a parent or guardian then the parent or legal guardian must be present during each treatment session in the clinic (e.g., either in the waiting area, in their car in the parking lot or in the therapy room with my child).
5. I understand that all service payments are due at the time of service via check, cash or IyPay, a mobile app designed for healthcare providers to securely process credit, debit, HSA, and FSA cards and ensures HIPAA compliance. Dower and Associates, Inc. can alternatively securely process debit cards, credit cards, or HSA cards over the phone through Merchant Credit Card Center/Intuit/QuickBooks.
6. I understand that Dower and Associates, Inc. does not participate with any insurance companies. Dower and Associates, Inc. operates on a private pay basis and since we are considered an out-of-network provider for insurance purposes, we will provide you detailed monthly invoices, to include procedure codes and diagnostic codes, for your records and use. I understand that Dower and Associates, Inc. does not directly communicate with insurance companies on behalf of clients. I understand that I should check with my insurance company to understand my benefits and out-of-network coverage.

By signing this document, I agree to the above statements, and I agree to hold Dower and Associates, Inc. harmless for claims or damages in connection with treatment. This is a contract between myself and Dower and Associates, Inc., and I understand that it is also a release of potential liability.

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date

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