

# SPEECH LANGUAGE AND BEYOND, LLC



*"Taking speech and language skills over and beyond"*

## **Consent for Evaluation and Treatment & Private Pay Agreement**

I give consent to have my child \_\_\_\_\_ evaluated by **Speech Language and Beyond, LLC**. If it is determined that services are needed; I will receive a copy of the evaluation report and it will be forwarded to my pediatrician at my discretion. **I also understand that if I am not a Medicaid (traditional Medicaid, Peach State Healthcare, or Wellcare), Blue Cross Blue Shield of GA, United Healthcare/Optum Health members that I am agreeing to receive services as a Private Pay Client.** I also acknowledge that payment is due either at (1) the time of service or (2) at the beginning of each month through the Monthly Pay-up plan. Both options have been explained to me and I fully understand and agree to the terms and conditions. Furthermore, I acknowledge that services will not be rendered to my child if payments are not received. I also understand that I can be switched to a client covered by one of the insurance policies listed above if and when I become eligible by informing Speech Language and Beyond, LLC in a timely manner.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Physician

## **CONSENT TO RELEASE INFORMATION**

I authorize the release of information to **Speech Language and Beyond, LLC**. I also authorize **Speech Language and Beyond, LLC** to release information to my referring physician and/or educational agencies at my discretion (information won't be released until parent(s) request).

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## **Video/Photography Release Form**

I hereby authorize Speech Language and Beyond, LLC to use pictures or videos of my child(ren) for reports sent to insurance companies, referring physicians, and other families for continued care as well as advertising purposes. I understand that I will be notified before pictures or videos of my child(ren) are used.

\_\_\_\_\_  
Parent's Signature

## **ACKNOWLEDGMENT OF PRIVACY PRACTICES**

Please acknowledge that the Privacy Practices of Speech Language and Beyond, LLC has been received in this packet by signing below.

Signature: \_\_\_\_\_

**Speech Language and Beyond, LLC**  
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