

Consents — Step 4 of 4

You are completing the following intake forms: 2025 Granville Island Speech Consent Form

Communication

**Appointment Notifications and
Reminders Email**

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

I would like email notifications of new, cancelled, and rescheduled appointments

Email 2 days before appointment

Text Message (SMS)

Standard messaging & data rates may apply, messaging frequency can vary and you can update your preferences anytime.

Text Message (SMS) 2 hours before appointment

News and Special Promotions

Yes, I would like to receive news and special promotions by email

2025 Granville Island Speech Consent Form — Consents

CONSENT TO ASSESSMENT AND TREATMENT

- I give consent for myself/my child/my ward to receive Speech-Language Pathology services (including assessment, intervention, and/or consultation) at Granville Island Speech Inc. I understand that this consent will be valid until I am/they are discharged from therapy. Should there be a significant change to my/their program, I understand that I will be advised of this change by telephone, e-mail, or in person.
- I understand that this consent may be withdrawn at any time.
- I understand that if I/my child/my ward am/is on a Speech-Language Assistant's (SLA) caseload, there will

be supervision (direct or indirect) as well as consultation with the registered SLP. The SLP will be responsible for

developing my program and ensuring proper implementation by the SLA.

I agree to the policy and give consent to the described above. – *Required*

PRIVACY AND SHARING OF INFORMATION

- I authorize the clinic and its associated health professionals to collect my/my child's/my ward's personal and medical information as documented above.
- I authorize the clinic and its associated health professionals to communicate with my/my child's/my ward's family doctor and/or referring doctor as deemed necessary for my beneficial treatment.
- I understand that the SLP may consult with other multi-disciplinary members (Occupational Therapists, Physiotherapists, Doctors, Ear-Nose Throat Specialists, etc.) to exchange relevant information to ensure adaptation of relevant intervention and treatment.
- I understand that my/my child's/my ward's personal and medical information is confidential and will only be disclosed to third parties with my permission.

I agree to the privacy and sharing of information policy as described above. – *Required*

FEES, CANCELLATIONS AND NO-SHOW POLICY

FEES AND SERVICES Individual 60 minute Treatment Session- \$180 Individual 30 minute Treatment Session- \$100 Group 60 minute Treatment Session- \$130 Comprehensive Speech and Language Assessment - \$800 Comprehensive Speech Assessment - \$400

- Payment is due after each session and can be made through the Jane Payment system unless other arrangements are made.
- Payment methods will be set up prior to first appointment through the website.
- Appointments can be made by emailing the therapist or Granville Island Speech.

CANCELLATION POLICY • If you need to cancel an appointment, you may cancel without penalty up until 24 hours before the appointment. • For appointments cancelled within 24 hours (unless in the event of an emergency, sickness or inclement weather) or if you/your child/your ward client does not show up for a scheduled appointment without prior notice, you will be charged the full fee for the appointment, unless otherwise discussed with the clinician.

Please note that insurance providers and funding agencies DO NOT pay for missed or cancelled appointments.

• We will try to be accommodating in the case of emergencies, by either rescheduling or waiving the fee for the first incidence of an emergency leading to a cancellation. • Please contact the therapist directly by email or phone if you must cancel within 24 hours of the appointment. • If the therapist needs to change the date or time of an appointment, they will notify you in advance by email or phone.

I am aware of the Cancellation and No-Show Policy and the fees associated with this policy. – *Required*

TELEHEALTH SESSIONS

Speech Language and Audiology Canada defines telepractice as “use of technology to deliver audiology and speech– language pathology services at a distance. Telepractice may involve “live” or “store-and-forward” service. Live or real time service may include but is not limited to telephone, or videoconferencing. Store and forward involves the recording, storing, and subsequent transmission of audio and/or visual images for later examination (e.g., e-mail, fax, audiotape or videotape recordings).” This means that we are able to provide speech therapy services through digital meetings via Zoom. The therapist and the client would join a computer-based session at the designated therapy time,

and would work on the same materials as in the office.

Granville Island Speech currently uses Zoom to provide teletherapy services. I understand the following with respect to teletherapy:

- I have the right to withhold or withdraw consent at any time without affecting my/my child's/my ward's right to future care or treatment.
- I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Granville Island Speech Inc., that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my/my child's/my ward's information could be interrupted by unauthorized persons; and/or the electronic storage of medical information could be accessed by unauthorized persons.
- I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my/my child's/my ward's teletherapy sessions, (2) the information security on my/my child's/my ward's computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for the teletherapy session.
- If teletherapy is not deemed as effective, you will be notified and referred back to in-person treatment. (For certain individuals, we ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping a child on task.)

- I hereby consent to engage in teletherapy with Granville Island Speech Inc. I understand that “teletherapy” includes treatment using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical information, both orally and visually.**
- I do not agree to participate in teletherapy sessions, and wish to only attend in-person sessions.**

CONSENT TO VIDEO/AUDIO RECORDING

I give consent to have myself/my child/my ward video/audio recorded. I understand that these recordings will be used to aid the therapeutic process and understanding of important aspects of the treatment. I understand that refusal will not affect my eligibility to receive services.

- I agree to be video/audio recorded, either for the purposes of telehealth services, or to aid the therapeutic process.
- I do not consent to be video/audio recorded.

Signature

- Draw Type

Please check that all required questions have been answered.

Submit Intake Form

(<https://jane.app>)

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