



Danit Kaya, MPH, ET

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805.405.2301

Contract for Educational Therapist Services and Policies

To ensure that the practices of Educational Therapy services are clear, a brief statement of policy is listed below. Please review and **initial each policy, sign one copy**, and return it to us soon as possible. Please keep one copy for your records.

Structure: Each session is a 50-minute appointment, unless otherwise scheduled. Clients should be ready to begin their sessions at their scheduled appointment times. A session will not be extended if the client arrives late. If the client has not arrived within 10 minutes of the appointment time, a no-show fee for the full session will be charged. ____

Scheduling: As the scheduling of an appointment involves the reservation of time specifically for the client, a minimum of 48 hours notice is required for rescheduling or canceling appointment times. Cancellation is required by 5 p.m. Friday for a Monday session.

Cancellations and “no-shows” with less than 48 hours notice will result in a charge for a full session. This applies to virtual and in-person sessions. ____

Holidays: If there is a day off, the client is still expected to keep scheduled appointment times unless otherwise arranged in advance. ____

Billing: The session fee will be collected after each session via the online payment method of choice (Venmo @Danit-K, Paypal). I will either request payment via this app or you are welcome to initiate payment via the app first. Please note that sessions are subject to interruption should payment not be completed within 72 hours of request. The fee will remain the same for one calendar year at which point the fee may increase 5% a year. Please also be aware of prorated charges for overtime sessions (when the Educational Therapist stays past the scheduled time slot), extended conversations/calls/emails with clients and allied professionals that exceed fifteen minutes, travel, collaboration with allied professionals, and editing time between sessions for papers and long-term projects. You are encouraged to maintain open communication regarding your decision to authorize or exclude any of these options. ____

Communication: Clients are encouraged to call and discuss any concerns. A prorated session fee will be charged for calls in excess of fifteen minutes. ____

Graduation: When a client is ready to “graduate,” or should the need to terminate Educational Therapy sessions arise, a four-session advance notice is required in order to best transition the client to independence. ____



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Statement of Financial Agreement: I have thoroughly read the information contained in this document, understand my responsibilities, and agree to comply with the terms listed above, including all policies and procedures and fees related to services provided. I have asked any clarifying questions I have about these policies and procedures and I understand that invoicing will reflect these policies.

I hereby authorize and guarantee prompt payment for services rendered. I understand I may terminate services at any time by providing written notification of that desire at least 4 sessions in advance.

Signature of financially responsible party

Date

Full Name (Printed)

Email

Phone

Home Address

Venmo or Paypal Handle/Email