

Robyn Merkel-Walsh MA, CCC-SLP/COM ®

Licensed Speech Pathologist

Certified Orofacial Myologist®

NJL#41S00305300

Oral Motor Institute, Board Chair

Member of ASHA, NJSHA and IAOM

www.robymerkelwalsh.com

www.talktools.com

robynslp95@aol.com



480 Bergen Blvd. Suite 3

Ridgefield, NJ 07657

Tel 201-945-6200

Fax 201-945-6201

**OFFICE and COVID-19 POLICIES (revised 4/26/22)**

Please be advised of the following office information. Failure to comply with office policies can result in a loss of a weekly session or fees which will be notified in writing, with 30 days advanced notice.

**COVID-19 POLICY:** a screening form will be required for all live sessions.

**You MUST notify me immediately if any member of your family or household has:**

- **Symptoms of COVID-19** (ex: difficulty breathing, loss of taste or smell, flu-like symptoms, etc.)
- **Awaiting test results for Covid-19**
- **Been exposed to COVID-19** (ex: exposure from family, friends, a daycare, school, work, etc.)
- **Tested positive for COVID-19** (Please provide the date of the positive test)
- **Has been told by the school** you need to go virtual due to CV19 exposure.

**If you will need to quarantine from the office *at least* 10 days, you must switch to online teletherapy sessions instead of in-person visits.**

**Additionally, you MUST notify me immediately if you have traveled.** Depending on local/national/international Covid levels you may need to self-quarantine and switch to online teletherapy sessions.

**It is appreciated if you share the child's vaccination status.**

**AT ANY TIME, if the office needs to close due the pandemic, ALL sessions will be required to switch to virtual teletherapy sessions, for the duration of the closure.**

**INITIAL HERE: \_\_\_\_\_**

OFFICE POLICIES:

1. Therapy Deposit: As of 9/1/18, all new patients who are securing a weekly session will need to submit a 280.00 (2 session) deposit to secure the spot. Floaters (those who are not at the same time each week) will require \$140.00. This will be credited at the conclusion of therapy if **proper notice (4 weeks)** has been given, all make-ups have been fulfilled and there is no balance due. **INITIAL HERE:** \_\_\_\_\_
2. Payment: **Payment is due weekly.** Third party payment from insurance is not accepted as this office is an Out of Network provider. You are given receipts which is coded for insurances. DUPLICATE COPIES and /or yearly statements are not available. Please copy your invoices before sending them to insurance. If you bounce a check, write the wrong date or amount on a check that cannot be deposited, a 30.00 fee will be charged at your next session. LIVE VISIT= check, or cash. Virtual visits are credit card. Payment is collected at the beginning of the session. No shows must be paid in cash or check before the next session scheduled no exceptions. I will provide a written receipt to sign that you acknowledge why you have been charged a no show fee. **INITIAL** \_\_\_\_\_
3. Scheduling: **EACH WEEK I SEND A REMINDER OF THERAPY APPOINTMENTS FOR THE FOLLOWING WEEK AND IT SHOULD BE CHECKED FOR ACCURACY.** Patients are responsible to check this each week. My virtual platform also sends reminders at 24 hours, 60 minutes, 10 minutes, and 5 minutes prior. Notify the SLP immediately if you are not receiving reminders. Scheduling is done in advance. I unfortunately cannot re-arrange times for social /sport calendars or extracurricular activities once you have committed to a weekly slot. If there is a serious issue, such as school scheduling, or other therapies, please notify me and I will try my best to honor your requests. I ask that if you are flexible, please consider moving your time to accommodate other patients when necessary. Remember by committing to a weekly appointment, that another child that cannot receive therapy in that slot. If you want to hold a weekly slot you must be committed to that time and day. Summer scheduling is always different from Sept-June due to camp, vacations, and alternate school schedules. Summer scheduling is done in March. "Floaters" are patients who are on a wait list and /or do not need a weekly slot and it the parent's responsibility to look for openings and make requests. All the office policies still apply, and floaters must attend session at least 1x every six weeks to be considered a floater. **INITIAL** \_\_\_\_\_
4. Vacations and Holidays: I do not have the same schedule as a school, so please do not assume that just because your school is closed that your child does not have speech therapy. Makeups and alternative scheduling are available for most holidays and vacations. Any client taking a vacation for more than 2 consecutive weeks must pay to hold their slot or the slot will be forfeited. **INITIAL** \_\_\_\_\_ In addition, if you observe religious holidays, it is expected that sessions be made up, with scheduling planned with 4-8 weeks advance notice. Failure to notify the office of a vacation/holiday will result in strict enforcement of the cancellation policy. I will close for most major holidays, but not all federal holidays (ex. Columbus Day.) The office closes the week of Christmas, and you will be notified of the

exact dates. Make ups are not required for this week but can be arranged. If you are in doubt, please ask me directly. INITIAL \_\_\_\_\_

5. Email/Texting: Most clients know that I have a smart phone for business purposes; however please note that if it is a holiday, vacation, or weekend, I may not answer your questions immediately. Your concerns will be addressed as soon as possible. *I do not use texting as a form of patient communication.* I prefer ALL COMMUNICATION REGARDING SCHEDULING via email. INITIAL \_\_\_\_\_
6. Sickness Policy/ Cancellations: All cancellations are done via email [robynslp95@aol.com](mailto:robynslp95@aol.com)

You **MUST** cancel in-person sessions and switch to virtual (if able to do so) if you or any member of your family or household has any of the following symptoms:

Flu Symptoms	Fever	Sore throat and/or Strep throat
Any type of Cough Including Croup or Whooping	Sneezing, Runny Nose, Congestion	Head & Body Aches
Upset Stomach / Nausea	Vomiting	Diarrhea/atypical stool
Pinkeye	Any Virus (Ex: stomach virus, respiratory, etc.)	Any Infection (Ex: ear, sinus, respiratory, etc.)
Mouth Sores, Thrush, or Coxsackie	Rashes / Hives	Chicken Pox
<b><u>COLDS</u></b> : If there are signs of a cold, even mild ones, please contact the office immediately and discuss moving to virtual. Unfortunately, given the pandemic, extra precautions must be taken.		

**The 48-72-hour rule**: In order to return to the office (live) after a non-COVID illness, you or your child must have the following for a **minimum of 48 hours (= 2 days)**:

No Fever ( <u>without</u> the use of medication ex: Tylenol, Advil, Motrin, etc.) 48 hours	No Stomach Symptoms (pain, diarrhea, nausea, vomiting) <b>please see norovirus statement</b>
Be on Antibiotics for 48 hours (if prescribed)	No Cough

NOTE: In some cases, a doctor's note may be required before returning to the office.

#### NOROVIRUS STATEMENT (STOMACH BUG)

**IF ANYONE IN THE HOUSE HAS THE STOMACH VIRUS, PLEASE REMAIN VIRTUAL. THIS VIRUS IS CONTAGIOUS (HIGHLY) FOR 3 DAYS EVEN AFTER SYMPTOM FREE. THIS VIRUS IS VERY HARD TO CLEAN AND DECONTAMINATE. THE VIRUS REMAINS IN THE PERSON'S STOOL FOR UP TO 2 WEEKS SO PLEASE REMAIN VIRTUAL UNTIL THE FAMILY IS WELL.**

INITIAL \_\_\_\_\_

- NON-EMERGENCY: 48 HOURS NOTICE: This includes vacations, pre –planned doctor’s appointments, family events, work obligations, parties, sports events, lack of babysitter etc. This includes anything that is not designated by “emergency “(see below). **The session must be canceled with 48-hour notice.** If cancellations become excessive for nonemergency purposes, then the client may lose his/her weekly slot in the therapy schedule. If the session is not canceled with 48 hours notice it will be billed at the full therapy rate and will not be made up. *Please be mindful that weekend hours start early in the morning, so I need to know a full 48 hours prior. Monday sessions require notice by the prior Friday.* **INITIAL \_\_\_\_\_**
  - EMERGENCY: CANCEL BY 10AM: Emergency cancellations are due to illness, death in the family, or illness of a family member. These sessions **must be canceled by 10am** on the day of the therapy slot. If your child appears ill, you will be billed for that session and sent home from therapy. **INITIAL \_\_\_\_\_**
  - INCLEMENT WEATHER: CANCEL BY 10AM: When a storm is expected, or the roads are dangerous the office usually closes or goes virtual. It is understood that some clients may live far away, and while the office may not be closed, you may choose to stay home with your child. **I NOW OFFER A VIRTUAL OPTION.** This applies to snow, rain and thunderstorms. If for some reason I cannot get to the office or retrieve files, we will reschedule. **INITIAL \_\_\_\_\_**
  - OVERALL ATTENDANCE: Since I hold sessions for patients, you are essentially promising to fulfill that slot. I take careful attendance. If you exceed a cancellation rate 15% or greater you will receive a written warning notice that your slot is in jeopardy, especially if you do not schedule/attend makeup sessions within 60 days. **This includes emergency, non-emergency and vacation cancellations.** **INITIAL \_\_\_\_\_**
7. Reports: Insurance companies have become demanding with the information they require from my office. **Remember that it is the parents’ responsibility to check your coverage BEFORE you start therapy.** Any extra paperwork above and beyond what is required /reasonable and customary (initial evaluation, chart notes, data sheets) may require a re-evaluation fee. **INITIAL \_\_\_\_\_**
8. Phone Calls and Review of Record Fees: I am welcome to questions and concerns regarding your child. However, like any medical office, we schedule appointments. If you have questions that require a lengthy discussion you will need to set up an appointment time, or a 30- minute phone consult at the fee of \$50. I will also respond to emails however, for lengthy questions, we will need to set up a conference session or call. This is also true of review of records. If you want me to review your child’s IEP for example, this must be done in a treatment session, or I will bill by the hour for record review. **INITIAL \_\_\_\_\_**

9. Waiting Room /Bathroom: Please do not flush sanitary products in the toilet and dispose of soiled diapers outside. In addition, please do not enter the clinician's *private office*. Please do not use objects to prop open the main door. INITIAL \_\_\_\_\_

NOTE: Due to CV19 pandemic the waiting room is currently closed please arrive at the exact time of visit and exit promptly so that the office can be properly cleaned, and treated with UV sanitization.

10. Lateness: It is very rare that I will be late for session. This is true because if clients are late, they only receive therapy for the time slot they were assigned for. For example, if a client arrives at 3:45pm for a 3:30 session, we will still end at 4:15 etc. Please be on time for your session to assist in maximum progress gains. Also, to keep the office running smoothly *have your check ready before session and be prepared to exit the therapy room on time*. I also ask that packing of therapy tools, disinfection of tools and so on should be conducted 5 minutes before the end of a session. This keeps the office on time. INITIAL \_\_\_\_\_

11. Makeups: I offer makeup sessions, as it is in the child's best interest for overall progress. Makeup slots are offered for inclement weather, illness, and pre-arranged vacations/ holidays **whether it is the therapist or patient needing to cancel the session**. Makeup sessions are not offered when there is a violation of the cancellation policy. For example, if you are charged for a no show, I will not reschedule that visit. **Makeups must be scheduled for all holidays, vacations, and cancellations**. Each client and therapist are entitled to 2 weeks' vacation a year without makeups. (If the client/therapists' vacations are the same week that shall count as one of the vacations for both). The office will be closed for the Christmas holidays with varying dates based upon when the holidays fall. This does not have to be rescheduled. All other sessions will be charted and if makeups are not completed this is considered a violation of policies. **PLEASE NOTE MAKE UPS MUST BE COMPLETED WITHIN 60 DAYS OF THE CANCELLATION OR IT WILL BE MARKED as incomplete.**

INITIAL \_\_\_\_\_

12. Observations and Homework: Daily carryover is essential to your child's progress; it is therefore critical that parents and caregivers observe therapy sessions and make every effort to work with the child at home. Activities learned in session should be practiced 3-4x weekly for 20 minutes. If carryover is not performed, the office cannot be held responsible for progress levels, or lack thereof. Babysitters and ABA therapists are sometimes welcome to sessions if they will be doing the speech homework; however, a disclaimer may be required as only licensed speech pathologist can charge for therapeutic services. Activities learned in the office of Robyn Merkel-Walsh are not to be transferred to any other child the teacher/ABA therapist/caregiver may encounter. THERE IS NO VIDEOTAPING ALLOWED. (Note due to Covid 19 no more than one adult is allowed in session therefore only virtual observations are available until further notice.) INITIAL \_\_\_\_\_

13. Caregiver /Parent Responsibility: No child may be dropped off. A parent or caregiver MUST remain on premises for the entire session. INITIAL \_\_\_\_\_

14. Parking: Only Park in designated spots in the lot. Please do not block any cars or the driveway. Parking is also available on Bergen Blvd. and on Ridgefield Terrace.
15. Discontinuation of services: If you plan on discontinuing or reducing services for any reason, ***you must give this office 4 weeks' notice, or you will be billed for the missed sessions.*** For example, if your child is seen 2x a week and you need to reduce to 1x a week, I need 4 weeks' notice. If you are weekly and want to become a floater or decrease to 2x a month, I need 4 weeks' notice. Floaters must also give 4 weeks' notice. (Note that 4 weeks means 4 weeks from that and attending any sessions scheduled including makeups). ***Your therapy deposit will not be returned if you do not abide by this policy, without exceptions. INITIAL \_\_\_\_\_.***

**I understand that these are the office policies and agree to abide by them and pay any associated fees for missed sessions, no shows and/or discontinuation of services without proper notice as indicated in this office policy.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Patient(s): \_\_\_\_\_