

Imagine Possibility, LLC
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Serving Clients in Maryland, Virginia and Washington, DC since 1992
Tax ID # 81-2389261

Addendum to Policies – Effective March 24, 2020

Cancellations and Tardiness for Online Sessions:

For purposes of this addendum, Imagine Possibility is the independent provider (Provider) and the person receiving services is the client (Client).

If the Client is unavailable for a scheduled session, it is the Client's or guardian's responsibility to notify the Provider via email or text at least 3 hours before the scheduled session. If the Provider is online for the appointment and waits for 10 minutes without Client joining (No Show), this is considered a cancelled session by the Client. Full session charges apply for sessions that are not cancelled within the 3-hour timeframe or for a No Show.

If a Client is 13 years old or younger, a parent or responsible adult must be present at the beginning of the session and agree to stay onsite, but not necessarily in the same room, through the duration of the session.

Client agrees to provide the recommended online teleconferencing application, associated hardware and other learning supplies at their own expense.

Both Client and Provider will work together to ensure that confidentiality and HIPPA requirements are maintained to the best of their ability. Provider agrees to remain vigilant with regards to privacy but cannot assume responsibility for Client's failure to provide a secure, private space. Client holds Provider harmless from any failure to maintain privacy due to Client's intentional or negligent acts including failure to secure technology that may lead to a privacy breach.

Speech Language service via Teletherapy is permitted by the American Speech Language Hearing Association (ASHA), but is not necessarily reimbursable even if services were covered for in-person therapy. Provider makes no representations with regard to whether or not the individual session will be covered by health insurance. Appropriate codes will be provided, just as before online sessions started, however it is still the responsibility of the client to seek reimbursement.

I have read and agree to receiving online services beginning from date of signature until further notice.

Signature: _____ Client (if over 18)/Responsible Party

Printed Name: _____ Client Name _____

Date: _____

Signature: *Lisa Taylor* Imagine Possibility, LLC