



Bonnie Vaillancourt M.S. CCC-SLP
Speech Language Pathologist
E: bonnievaillancourt@simplifiedspeechsolutions.com
P: 603•352•4199 F: 603•352•9177
148 Key Road • Suite B • Keene • NH

AAC • Consultation • Diagnostics • Therapy

Privacy and Confidentiality Policy

Simplified Speech Solutions, LLC is dedicated to preserving the confidentiality of their clients. We do not disclose client information (i.e. names, addresses, emails or phone numbers) to other individuals or companies for marketing or advertising purposes. All communication between us is considered confidential. There are some exceptions, and we are required by law to inform you of the limits on confidentiality. In some circumstances, Simplified Speech Solutions, LLC cannot maintain confidentiality. These situations include:

1. If a client presents a clear danger to himself/herself or others, information is released to protect the client or the potential victim.
2. If a judge orders the disclosure of information or orders one of use to testify, information relevant to the legal issue will be provided.
3. If services are being submitted to a third party payer, Simplified Speech Solutions, LLC may be requested to provide information. Insurance company claim to keep this information confidential. If you request it, Simplified Speech Solutions, LLC will provide you with any information submitted to an insurer on your behalf.
4. If Simplified Speech Solutions, LLC has a reasonable cause to believe that a minor child is being abused or neglected, we are legally mandated to report it to the Department of Child, Youth, Families.

If you wish for Simplified Speech Solutions, LLC to speak with another professional, we require you to complete release form indicating your consent. (The release is included in this packet.)

I have read and understand the information regarding limits of confidentiality:

_____ I understand the limits of confidentiality and do not have any specific questions.

_____ I would like to discuss the limits of confidentiality in more detail with Simplified Speech Solutions, LLC.

Client's Name: _____ Date of Birth: _____

Today's Date: _____ Signature of Parent/Guardian: _____

