

# Beehive Therapy

Speech-Language Pathology Services  
7495 132 St #1015, Surrey, BC V3W 1J8  
604-503-2832  
[info@beehivetherapy.com](mailto:info@beehivetherapy.com)

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

I, \_\_\_\_\_, give authorization to receive a speech-language assessment or Speech-language therapy. I understand that the assessment/therapy/report or Consultations with family or other professionals will occur at a cost of \$130/hour For SLP services and \$60/hour for SLPA services, plus a travel fee if necessary. I am aware that I need to give 24-hour notice if I cannot attend the appointment, and that I will be charged for an hour of therapy if I do not notify the speech-language pathologist regarding a cancelation.

Client Signature: \_\_\_\_\_

Date signed (consent valid for 1 year): \_\_\_\_\_

(\*Suggested BCASLPA travel fee rate: 1/2 hourly rate plus 54 cents/km)