



Alumni Service Agreement

Thank you for choosing ScenicView Academy alumni services. We look forward to working with you to improve your learning and your life skills. This agreement is intended to clarify the business aspects of our relationship, and to help our outpatient relationship go smoothly. Please fill out the information requested, read the agreement carefully, and sign below. If you have any questions, please contact us at **801-226-2550**.

Student/Client Name: _____

Student Email: _____

Student Phone #: _____

Party Responsible for Billing: _____

Email: _____

Phone #: _____

Mailing Address: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Fees & Billing

Testing/Assessments

- \$600 for Adult Autism Diagnostic Testing

Therapy Services

- \$75/hour for Therapy

Work Program

- Career Counseling - \$35/hour

Life Skills Tutoring

- \$35/hour

Nursing Services

- \$60/hour

Educational Tutoring

- \$35/hour

Case Management

- \$35/hour

Classes

- \$200/term for class that meets 1 hour/week
- \$400/term for class that meets 2 hours/week
- \$600/term for class that meets 3 hours/week
- \$800/term for class that meets 4 hours/week
- Materials Fee (one-time)
 - Outdoor adventure - \$75
 - Ceramics - \$150
 - Sensory Group - \$30
 - Painting - \$50
 - Drawing - \$30
 - Comic Illustration - \$30
 - Sewing - \$30
 - Sculpture - \$50
 - Rock Climbing - \$150
 - DIY Projects - \$50
 - Jump On It - \$150
 - Leisure Education - \$50
 - Treat Club - \$50
 - Women's Group - \$50

Confidentiality

- The information you share will be kept confidential. We will ask you to sign a release-of- information form before discussing your treatment or sending records about you to anyone else.

Continuation of Services

- An academic Term at ScenicView is roughly four months in length, and services will take place on a Term-by-Term basis. Near the close of each Term, the determination will be made of whether or not to continue services.
- Services may be discontinued at the request of either party at any time. Money will not be refunded for services rendered, including the current month in the case of monthly payments.
- ScenicView reserves the right to discontinue services for any of the following reasons:
 - Lack of student participation (i.e. falling below 80% attendance or coming but choosing to do nothing)
 - Failure of the student to meet class expectations and follow class policies
 - Risk behavior by the student, including harm or threats of harm, theft, vandalism, bullying, sexual behavior, disruption of programming, disrespect of staff or facilities, etc
 - Cancellation of the class due to insufficient numbers or lack of qualified instructor
 - Other reasons that stem from a student’s lack of “fit” with ScenicView and its programs

Late/Cancellation/No Show Policy

- If you are unable to make your scheduled appointment, please cancel at least 24 hours in advance. If 24 hour notice is not given, you may be charged the full session amount.
- Please be on time. If you are more than 15 minutes late to your scheduled appointment, the appointment may be canceled and you will still be charged the full session amount.
- If ScenicView needs to cancel a scheduled class or tutoring session, we will contact you as soon as possible. You will not be charged the hourly rate for the service. Monthly payments will only be refunded if more than two classes or tutoring sessions are canceled in a month’s period.

Total Cost: \$ _____/term Payment Option: On-Time Charge Monthly Charge

If you would like to be billed monthly please fill out the following information. Card information will be kept on file and charged monthly.

- Master Card Name on Card _____
- Visa Card # _____
- Amex Expiration Date: _____ CVV#: _____
- Discover Billing Address Connected to Card _____
- Other _____

I understand, and agree to, the policies and cost as stated above, and I give consent for treatment at ScenicView Academy.

Client's Name Date

Client's (or Responsible Party's) Signature Relationship to Client Date

For office use only:

Paid via: Check Cash Credit Card Amount Paid \$: _____ Staff Initials _____