

Heart of Synergy

Practice Policies

Welcome to Heart of Synergy! We are excited to begin working with you and your student. In this document, we have listed a number of the policies that we maintain to ensure that we have the most productive experience together. Please note that we may update these policies from time to time, and that we will notify you when such updates are made.

Payment Terms:

- Payment is due at the conclusion of your student's final session of the week. Thus, if your student has weekly sessions on Tuesdays and Thursdays, payment would be due at the conclusion of the Thursday session.
- We accept pre-payments. If you pre-pay for a session that your student does not attend, we will roll your pre-payment over into your next weekly payment.
- Payments made by credit card will be charged monthly.
- We may assess a \$25 late fee for past-due payments at our discretion. We may waive assessed late fees in certain exceptional circumstances, and if you would like to request a waiver, we ask that you contact Jessica Phelps at jessica@heartofsynergy.net as soon as possible.
- We accept credit card, cash, checks (made payable to "Heart of Synergy"), and Zelle (under the phone number 571-533-2223).
- We do not accept insurance and are considered an "out-of-network" provider.

Session Rates:

- 30 minutes: \$50
- 45 minutes: \$75
- 60 minutes: \$100
- For in-home sessions, we apply an additional \$50 travel fee to the foregoing rates.
- For virtual sessions, we apply an additional \$25 fee to the foregoing rates.

Other Policies:

- If you arrive late for a session by ten minutes or more, and we are scheduled to work with another student in the time slot following yours, we will cancel the session for which you arrived late and will work with you to reschedule your cancelled session as soon as possible.
- One-on-one learning is an important part of our process. For this reason, we do not offer group sessions.
- We will provide you with a parking pass, which you must display at all times while visiting our facility. If you do not display your parking pass, your vehicle may be towed at your expense, and Heart of Synergy will not have any liability to you in connection with you not displaying the parking pass.
- We ask that you review and complete the Media Form attached to these policies to indicate whether you consent to our creating and publishing media featuring your student, and that you return this form to us prior to your student's first session.
- We also ask that you review and sign the Payment Agreement attached to these policies.

Learning Acceleration Grants:

- We are an approved vendor for the Virginia Department of Education's Learning Acceleration Grant program.
- If you will be using Learning Acceleration Grant funding to pay for any portion of our services, you must present us with documentation verifying your grant award and have your ClassWallet Account activated before the first session for which you will be paying with grant funds.
- We must also have your credit card information on file.
- You must also make payment for each session for which you will be paying with grant funds via ClassWallet on the day that the session takes place.
- After submitting payment via ClassWallet, you must forward the "ClassWallet Order Receipt" email to jessica@heartofsynergy.net. If the email is not forwarded within 3 days, your credit card on file will be charged for the invoice amount.
- We do not provide grant reimbursement for failure to forward proof of payment (ClassWallet Order Receipt) within 3 days.
- Should you exhaust your Learning Acceleration Grant funding at any time, you will be required to pay our rates out of pocket if you would like to continue receiving services.

Thank you for reviewing these policies! We look forward to working with you to broaden your student's horizons and teach your student new strategies for success.

Please indicate that you have reviewed and understand these policies by signing below.

Signature: _____ Date: _____

HEART OF SYNERGY

Attachment A

Media Form

We use this Media Form to make a record of which of our students we may feature in the media that we create and publish. Please fill in the following information and check the appropriate box below indicating whether you are willing to allow Heart of Synergy to feature your student.

Your Name: _____ Your Relation to the Student: _____

Student's Name: _____ Your Address: _____

Your Phone Number: _____ Your E-mail: _____

☐ YES, by checking this box, I am indicating my consent to the Release that appears below, and have signed the signature line that follows the Release.

☐ NO, by checking this box, I am indicating that I do not consent to the Release that appears below.

Release

By signing below, I am indicating my agreement to the following provisions (together, the "Release"):

1. I hereby represent that I: (i) am a legal adult and have the legal authority to execute this Release; (ii) am the parent or legal guardian of the student whose name appears on the Media Form above (the "Student"); and (iii) have the full legal authority to execute this Release on the Minor's behalf.
2. I hereby grant Heart of Synergy, PLLC (the "Educator") and its agents the full right and permission to create photographs, video, and other media depicting the Student in conjunction with the Student's name or a fictitious name (the "Media") and to use, reuse, publish, republish, reproduce, or alter the Media for the purpose of promoting the Educator's business and for any other lawful purpose and in all forms of media now known or unknown, including, but not limited to, social media platforms (the "Media's Use"). I understand that I may revoke this right at any time by means of a signed writing delivered to the Educator at jessica@heartofsynergy.net, which revocation will not affect the Educator's right to use any Media created prior to the date of such revocation to the full extent permitted by this Release.
3. I hereby grant and assign to the Educator all rights, title, and interest in and to the Media, including, but not limited to, copyright and personality rights. I understand and agree that the Media will be the sole property of the Educator and that neither I nor the Student will have any right to: (i) inspect or approve the Media; (ii) inspect or approve any text, graphics, images, or other content created in connection with or combined with the Media; or (iii) receive any royalties or other compensation arising from or related to the Media's Use.
4. I agree to and hereby do release and discharge, and will indemnify and hold harmless the Educator from any and all damages, liabilities, costs, expenses, claims, or judgments of any kind or nature whatsoever arising from the Media's Use, including, but not limited to, those based on copyright infringement, invasion of privacy, right of publicity, libel, defamation, or false light, or resulting from any alteration, blurring, optical illusion, use in composite form, distortion, or other modification that may occur, intentionally or otherwise, in connection with the Media or Media's Use. I acknowledge and agree that this Release is binding on me and the Student, and our respective heirs, legal representatives, and assigns.

Signature: _____

Date: _____

Attachment B

Payment Agreement

THIS PAYMENT AGREEMENT (the "Agreement") is made as of the date set forth below by and between Heart of Synergy, PLLC (the "Educator") and the undersigned person (the "Client"). The Educator and the Client are each a "Party" to this Agreement, and are together referred to herein as the "Parties."

NOW THEREFORE, in consideration of the provisions contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. As consideration for the Educator's provision of educational services, the Client agrees to pay the Educator at those rates set forth in the Educator's Student Policies document, as they may be updated from time to time. The Educator will provide the Client with reasonable advance notice in the event of any change in such rates.
2. The Client hereby authorizes Heart of Synergy, PLLC to charge their payment method on a monthly basis for the amount of hourly fees accrued from educational services rendered. The Client understands that they will receive notification via email when their credit card is charged. The Client acknowledges that credit card payments will incur an additional 2.9% and \$0.30 processing fee. The Client agrees that, in the event their payment method is denied, cancelled, or withdrawn for any reason, the Client shall immediately pay any outstanding balance on the Client's account and pay any additional fees incurred by the denial, cancellation, or withdrawal of funds.
3. This Agreement contains the entire agreement between the Parties with respect to the subject matter herein addressed. There are no other agreements, understandings, or representations – express or implied – except as specifically set out herein, and there have been no inducements from either Party to the other Party to enter into this Agreement other than those expressly set forth herein. This Agreement is governed by and will be construed under the laws of the Commonwealth of Virginia. Any dispute arising hereunder or relating hereto will be resolved exclusively by a state court having jurisdiction in Arlington County, Virginia, or, optionally, by the United States District Court for the Eastern District of Virginia – Alexandria Division, where federal jurisdiction exists. The substantially prevailing Party in any such dispute will be entitled to recover its reasonable costs and fees, including reasonable attorneys' fees. IN NO EVENT WILL EITHER PARTY SEEK TO HAVE ANY MATTER ARISING HEREUNDER OR RELATING HERETO TRIED TO A JURY. No part of this Agreement may be waived, amended, or modified in any way except by a writing signed by both Parties. NEITHER PARTY WILL BE LIABLE TO THE OTHER FOR ANY INDIRECT, INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, HOWEVER CAUSED.

IN WITNESS WHEREOF, the Parties have executed this Agreement, intending to be bound by the terms hereof, as of the date first mentioned.

Parent/Guardian

Educator

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Attachment C

Recurring Credit Card Authorization Form

Credit Card Billing Information	
Address:	
City, State, Zip:	
Phone Number:	Email:

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Credit Card Number: _____
Expiration Date: _____ CCV (3 digits on back of card): _____

☐ I, _____, authorize Heart of Synergy PLLC to charge my credit card above for the monthly invoice amount. I understand my information will be saved to file for future transactions on my account. I understand I may cancel this authorization at any time by contacting Heart of Synergy PLLC.

☐ I, _____, acknowledge that credit card payments will incur an additional 2.9% and \$0.30 processing fee.

Cardholder, sign, and date

Printed Name: _____

Signature: _____

Date: _____