

## **Terms and Conditions**

Please read the following terms and conditions carefully and return to me before our first contact.

### **Consent**

By attending an assessment or therapy session, you consent to the session taking place and the SLT (speech and language therapist) taking notes throughout the session as required.

### **Data**

For each child, I will keep up to date personal data. This will include identifying information such as name and date of birth, as well as a record of each session with me including assessment results and reports.

All data is kept in an encrypted folder that is password protected within my personal password protected computer to ensure your data is kept securely. Data will be kept for 7 years after our last contact, at which point it will be deleted and videos, when used, will be deleted at the end of each block of therapy.

Information may be shared via email or what's app (for videos) with parent/carer's permission. This is done so at the parent/carer's risk and I cannot take responsibility for the safety of sharing data this way.

**Consent to share via email:** YES / NO (including reports)

**I would like my child's electronic report to be password protected:** YES / NO

### **Sharing Information**

To work effectively, and to support your child meet the best possible outcomes, it can often be beneficial for the SLT to share information with other health and educational professionals, including a NHS SLT, education psychologists, school or nursery teachers. Please highlight those that you are happy for me to liaise with.

NHS Speech and Language Therapist - Yes / No / N/A

Educational Psychologist - Yes / No / N/A

School/Nursery Teacher - Yes / No / N/A

Other (please supply us with details) - Yes / No / N/A

### **Safeguarding and Child Protection Policy**

I have a duty to protect the children that I know and are on my caseload. I have received training on Safeguarding Children and Child Protection.

In the first instance, any safeguarding concerns will be discussed with parents/carers unless I believe that doing so puts the child at increased risk.

Typically, I prefer to work with children accompanied by another trusted adult - usually a parent in clinic or the child's home, or a teacher or learning support assistant within a nursery/school.

### **Fees**

Please pay fees within 7 days of receiving the invoice. When a report is included, this will not be written until payment is received. Assessments must be paid for in advance.

### **Cancelling Appointments**

If you need to cancel or reschedule an appointment, please provide a minimum of 24 hours notice, though more is appreciated. Failure to provide this notice will result in a 50% charge which must be paid before the beginning of the next session.

### **Consultations**

Please note, that during consultations we will make recommendations based on the information you provide us. As a therapist, I will use my clinical knowledge to ask the relevant questions to understand your child's communication skills as much as possible. However, we can only do this if you provide us with accurate and full information.

### **Participation**

It is expected that parents will participate during therapy sessions in order to facilitate practise at home.

### **Termination of Therapy**

The parent/carer and the SLT have the right to end therapy services at any time.

Child's Name:\_\_\_\_\_

Parent/Carer Name:\_\_\_\_\_

I agree to the terms and conditions above.

Signed:\_\_\_\_\_