

## TERMS AND CONDITIONS OF SERVICE

Terms and condition set out the expectations for the service user and the therapist. They govern the contract between us and ensure that both parties are protected in the unlikely event that a disagreement occurs. If you choose to commence therapy, you are agreeing to the terms and conditions below. You are asked to return a signed copy of this working agreement indicating you have read and agree to the terms and conditions. Please sign both copies, returning one to me before or at our first appointment. Thank you.

### **A) First Appointment (Assessment):**

1. You will receive a letter or email confirming the details of your child's first appointment including date, time, location and fee. You may also be sent a case history/ pre-assessment questionnaire to complete and my terms and conditions to be signed. All documents should ideally be returned to me prior to the first appointment or at least at the first appointment.
2. At the end of the first appointment, I will explain whether your child requires further speech and language therapy support. This may be further assessment or therapy.
3. I will let you know whether I have the right skills and experience to meet your child's needs.
4. I will signpost you to other professionals as necessary.

### **B) Further Appointments:**

1. Your child must have attended an assessment appointment with me before commencing therapy. This enables me to plan appropriate therapy based on your child's current needs.
2. Therapy sessions can be arranged in your home and/ or your child's educational setting (e.g. nursery/ preschool or school).
3. Therapy appointments will be agreed and booked in advance. We will agree the number of sessions at the point of booking.

4. We will review the need for further sessions at the end of each block of sessions. Where a child is seen weekly this review is likely to take place over a maximum of 12-13 weeks (i.e. equivalent of a school term).
5. Therapy session last either 30-45 minutes or 45-60 minutes as agreed. This time will include direct work with your child and may include discussion on progress, demonstration/ explanation of follow up activities with parents and/r education staff and writing up of notes.
6. No fee will be charged for time spent planning outside of the therapy sessions.

**C) Fees:**

1. An invoice will be sent to you prior to your first appointment. Payment in full will be requested before the first appointment or at least at the very start of the first appointment.
2. Fees for therapy sessions will be invoiced in advance of or on the day of the sessions. Therapy can be paid for as individual sessions or as a block. Payment should be paid for in advance or on the day.
3. Additional reports, meetings or visits will be invoiced once completed.
4. I will seek your agreement prior to undertaking any additional work that will incur further fees.
5. Please refer to Services and Fees document for current fees.

**D) Fee Changes:**

1. Fees are subject to annual increases from the 1<sup>st</sup> of April each year.
2. Existing clients will be given 8 weeks' notice of any changes in fees.
3. Fee increases will not apply to therapy blocks which have already started or sessions which have already been booked or invoiced.

**E) Payment Terms:**

1. As at C1 an invoice will be sent to you prior to your first appointment. Payment in full will be requested before the first appointment or at least at the very start of the first appointment.
2. Invoices must be paid within 7 days of the invoice date.
3. My preferred method of payment is via bank transfer.
4. Cash or cheque payments are also accepted.

**F) Non-Payment:**

The following process will apply in the event of non-payment:

1. I will contact you to remind you that payment is overdue.
2. If an invoice is not paid within 7 days thereafter, you will receive written notice that therapy is suspended pending payment in full.
3. If payment is not received in full within 7 days of therapy being suspended, I reserve the right to refer the matter to a solicitor and to commence legal action.

**G) Health Insurance:**

1. If you are claiming fees through private health insurance, you will need to pay my fees in full in accordance with the payment terms above and then claim this back through your health insurance provider.
2. It is recommended that you check with your insurance company prior to booking appointments to ensure that you are covered.
3. Should your insurance company require receipt of payment confirmation I can provide this.
4. Any additional work required, by your insurance company, in terms of progress summaries/ reports will be charged at my hourly rate. This will be discussed with you should your insurance company make this type of request.

#### **H) Travel:**

1. No fees will be charged for travel made within a 10-mile radius of my base at GU27 1NE. In certain circumstances, when travel is beyond this radius additional mileage will be charged at £0.50 per mile (both ways).
2. Excess travel is charged at £70 per hour, pro-rata.

#### **I) Cancellations:**

1. If I need to cancel an appointment I will let you know as soon as possible and reschedule the appointment.

I understand that there may be certain situations (such as illness or family circumstances) which mean that you need to cancel an appointment at short notice.

2. If you need to cancel an appointment, please contact me as soon as possible. I will endeavour to rearrange the appointment for that week or the following few weeks.
3. A minimum of 24 hours' notice is required. Sessions cancelled by you, within the 24-hour period of the session, will incur a 50% payment before or on the day of the next session. The session will be refunded in full if you contact me giving me more than 24 hours' notice of a session.
4. You can choose to withdraw your child from therapy and if so I would appreciate at least a week's notice.

#### **J) Non-Attendance:**

1. The full session fee will apply in the event of non-attendance. Non-attendance includes:

- If you are not in when I come to an agreed appointment at your home.
- If your child is not at pre-school/ nursery or school when I attend an arranged visit.

2. It is your responsibility to inform me if your child is not going to be at nursery/ pre-school or school for an appointment.

### **K) Reports and Programmes:**

1. Reports will be supplied to you on request.
2. Programmes will be supplied as part of the therapeutic input as required.
3. Unless expressly included on the session fee or otherwise agreed, an additional fee calculated by reference to hourly rates will be charged for writing reports and/ or programmes.
4. Reports and/ or programmes can be shared by you with other professionals as you prefer. Any reports shared with others should be shared in their entirety and only reproduced in full.
5. Reports and/ or programmes will be sent to you via post or email as you prefer.
6. Electronic information (e.g. reports and programmes) will be password protected and sent via an encrypted email.

### **L) Resources:**

1. Unless otherwise agreed the cost of any resources provided to you are included in the session fees.
2. A copy of resources for nursery/ pre-school or school can also be provided at no extra charge.
3. Further copies can be provided at additional cost (price given at enquiry).
4. If you would like resources to be laminated I can provide this service at a charge of 50p per laminate.
5. Laminating fees will be charged at the end of each therapy block or once completed if the child is seen weekly.

### **M) Data Protection:**

1. I am registered with Information Commissioner's Office (ICO) as a Data Controller. You can view my ICO registration (Azahara Humphry) by visiting:  
[www.ico.org.uk/ESDWebPages/Entry/ZA106805](http://www.ico.org.uk/ESDWebPages/Entry/ZA106805)

2. All clients' details, case notes and correspondence will be stored securely and treated confidentiality according to General Data Protection Regulations and the Data Protection Act 1988.
3. Information is stored on a secure electronic system or as paper-based information in secure storage. Electronic reports and programmes are password protected.
4. Any paper-based confidential information is stored securely in accordance with General Data Protection Regulations and the Data Protection Act 1988.
5. In accordance with law, all records will be kept securely until your child is 25 years old. After this time all records relating to your child will be destroyed.
6. You may apply in writing to access an electronic copy of your child's notes or to request modifications of an inaccuracies. These requests will be dealt with within 30 days.
7. For further information please refer to Zara Humphry's (Communic8kids.co.uk) Privacy Notice.

#### **N) Safeguarding:**

1. I have a clear Enhanced Criminal Record certificate (DBS/ CRB) from the Disclosure Barring Service (Certificate Number: 001513437859) which I renew every year. Service Users may view my DBS enhanced disclosure at any time by visiting: [www.ukcrbs.co.uk](http://www.ukcrbs.co.uk)
2. I regularly update my safeguarding training online and by attending training sessions.
3. In the event of a safeguarding concern, where your child or another person is at risk of harm, I have a legal obligation to share that information with relevant professionals in accordance with the Safeguarding Children's Act 2004.

#### **O) Role of Parents/ Carers and Educational Setting:**

1. During your child's therapy, I will usually provide tasks for you to carry out with your child between therapy sessions. Completion of these tasks is as important as the therapy sessions themselves, and regular home support usually results in more positive outcomes. It is therefore essential that you commit to attending all the

agreed therapy sessions where possible and that an adult consistently attends with your child, who is responsible for carrying out any tasks provided for your child.

2. During assessment and therapy sessions it is important that the environment is quiet and free from distractions (e.g. TV or radio off) where possible. When recommended it is also expected that in nursery/ pre-school and school a member of early years setting/ school staff will stay for the duration of the session/s to ensure carryover of activities. I will endeavour to liaise as regularly as possible with nursery/ pre-school and school staff throughout my work with your child.

3. Assessments and therapy will be offered in your own home, your child's early years setting/ school or a combination of these locations, so that your child is in familiar surroundings. During assessment and therapy sessions it is important that the environment is quiet and free from distractions (e.g. TV or radio off) where possible. It is also expected that a quiet space is provided within the early years setting or school for assessment and therapy sessions.

**P) Liaison with other professionals:**

1. It is in your child's best interest that I liaise with any other professionals involved in their care.

2. This includes people such as; NHS Speech and Language Therapists, nursery/ pre-school or school staff, your child's GP, other medical professionals, allied health professionals or educational staff.

3. Therefore with your permission, I will distribute reports and therapy aims accordingly. No information about your child will be disclosed without your consent except where there are concerns regarding your child's safety and / or well-being.

4. Parents/ carers whose children are currently on an NHS speech and language therapy waiting list or are receiving therapy from an NHS therapist must inform me of this. The NHS therapist should also be informed of my involvement to ensure effective treatment.

5. It is particularly important that you let me know if your child has been assessed by another Speech and Language Therapist within the last 6 months-1 year so that assessments are not duplicated as this can invalidate the results.

**Q) Working hours and availability:**

1. I work Monday to Friday.
2. I can be contacted by email or phone and I aim to respond within a few working days.

**R) Use of video or audio recording:**

1. Some assessment and therapy techniques involve the use of video/ audio recording to record your child communicating or playing with you/ I.
2. The videos/ audio recordings are stored on an encrypted, password/code protected tablet or device. Once the video or audio recording has been used as needed in therapy it will be deleted. No copies will be retained.
3. The video/ audio recordings will not be shown to anyone without your express consent.

**S) Electronic Communication:**

1. Email is not a 100% secure method of communication. With your consent, it will be used for correspondence and to send letters, reports and other documents.
2. Documents containing personal data/ information will be password protected and saved in Printed Document Format (PDF).
3. Correspondence via email to other professionals will be copied to you as necessary.
4. I will refer to your child in emails by their initials. Please be aware that should you disclose any personal details in the email it is at your own risk.

**T) Complaints:**

1. In the unlikely event that you are not satisfied with my service please contact me. I will make every attempt to resolve this through discussion.
2. If it is not possible for us to resolve matters, and you wish to complain formally, please contact the Association of Speech and Language Therapists in Independent Practice at [www.helpwithtalking.com](http://www.helpwithtalking.com)



**Declaration:**

\* Please delete as appropriate

I understand that I can contact Zara Humphry before signing the terms and conditions if I have any questions. I have read the terms and conditions along with the privacy notice.

\*YES/ NO

I agree to Zara Humphry liaising with other professionals when it is in my child's best interests:

\*YES/ NO

I agree to Zara using video or audio recording in my child's speech and language therapy sessions as described above.

Video Recording \*YES/ NO

Audio Recording \*YES/ NO

I understand that Zara Humphry will be storing and processing my child's personal information as described above.

\*YES/ NO

I give consent for Zara Humphry to use email as a form of communication with me and other professionals as described above.

\*YES/ NO

I give consent for Zara Humphry to use other forms of communication (by phone/ face to face/ in writing) with me and other professionals as described above.

\*YES/ NO

By signing below, I am agreeing to these terms and conditions.

Signed:

Print Name:.....

Relationship to child:.....

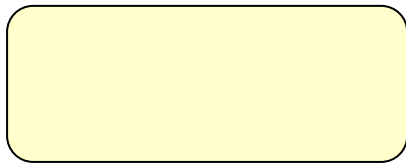
Date:.....

**Please give the email address(es) you would like me to use in correspondence with you:**

**Email(s)**.....  
.....

Speech and Language Therapist

Signed:



Print Name:.....

**Speech and Language Therapist**

Date:.....