



Communicate

Jenny Treen-Smith

Independent Speech and Language Therapist

www.communicate-therapy.com

Jenny@communicate-therapy.com

Terms and Conditions

Terms and conditions set out the expectations of the client and therapist. They govern the contract between us and ensure that both parties are protected in the unlikely event that a disagreement occurs. Please read them and contact me if you have any queries.

Please print and sign 2 copies of the consent page, returning one to me before or at our first appointment. Thank you.

A) First Appointment (Assessment)

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.

I will let you know whether I have the correct skills and experience to meet the needs.

I will signpost you to other professionals if necessary.

B) Further Appointments

Your child must have attended an assessment appointment with me before commencing therapy. This enables me to plan the appropriate therapy.

Therapy appointments will be agreed and booked in advance. We will agree the number of sessions at the point of booking.

We will review the need for further sessions at the end of each block of sessions.

Sessions can be carried out at home, in school or at preschool/nursery.

Assessment sessions will last up to 1 hour unless agreed otherwise. This may include direct work with your child, a discussion of progress, demonstration/explanation of follow up activities with parents and/or education staff and writing up notes.

Liaison with other professionals

In order to provide the best service possible for your child I will liaise with other professionals involved in their care. This includes people such as NHS Speech and Language Therapists, School/Preschool staff, your GP, Physiotherapists, Occupational Therapist or other medical/educational staff.

With your permission, I will copy any reports that I write to other key professionals in order to contribute to the diagnosis process and make recommendations as required. I will liaise with your local/NHS Speech and Language Therapist and other health/education professional if involved with your child's care.

C) Fees

A £50 deposit must be paid by BACS at the time of booking your first appointment.

The remainder of the fee for your first appointment must be paid in full prior to the session.

My preferred method of payment is via bank transfer to the following account:

- Account Name: Jenny Treen-Smith
- Sort code: 60-83-71
- Account Number: 9572 0337

Payment for subsequent sessions will be requested via email invoice which I ask that payment must be received within 7 calendar days of receiving the invoice. This can be paid via cash or bank transfer.

I will seek your agreement prior to undertaking any additional work that will incur further fees e.g. additional reports, visits or meetings.

Fees are reviewed each financial year. Please refer to Services & Fees' on www.communicate-therapy.com for current fees including travel.

There will be a mileage and time for distance I have to travel from my house address SN15 4SB. Mileage will be charged at 50p per mile and £30 per 30 minutes traveled. This will be agreed with you prior to the first appointment.

D) 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 calendar days thereafter, you will receive written notice that therapy is suspended pending payment in full. Appointment and therapy sessions will not take place until the payment has been received.

E) Cancellation and Non-Attendance

If I need to cancel an appointment, I will let you know as soon as possible and reschedule the appointment. If you or a professional I have arranged to meet for the benefit of you or your child's Speech and Language cancel an appointment with less than 24 hours notice than this will incur the fee of the visit. If your child is not going to be in school for an arranged session, please contact me as soon as possible.

The session will be refunded in full if you contact me before 8.30am on the day of the appointment. If you cancel the appointment after 8.30am on the day of the appointment, the full session price will be incurred.

The full session fee will apply in the event of non-attendance (when you have not contacted me) e.g.
-if you are not in when I come to an appointment at your home.
-if your child is not at school or pre-school when I attend an arranged visit.
-if the professional (for example Teaching staff, Carers, Physiotherapist, Occupational Therapist, Nurse, Paediatrician, Doctor) is not able to attend as they are called away to other work matters.

If, in my professional opinion, your child is no longer benefiting from therapy or needs a break, I will discuss this with you and we will end therapy contract. Similarly, if you no longer wish to continue

with therapy you can stop at any time and the therapy sessions your child has not received will be paid back in full.

Use of video, photographs and sound recording equipment

Some assessment and therapy techniques require the use of video to record your child playing with you, audio recordings of them talking or photographs to record your child.

These recordings are temporarily stored on an encrypted, password protected Ipad. Once the video / audio or photograph has been used as needed in therapy / for assessment it will be deleted. These will not be shared with anybody without your permission and will be deleted once no longer needed.

Electronic Communication

Email is not a 100% secure method of communication. With your consent, I will use email for correspondence and to send letters, reports and other documents.

All documents will be password protected and saved as a PDF. Correspondence via email to other professionals will be copied to you as necessary.

I will refer to your child by their initials only.

F) Data protection

All client details, casenotes and correspondence will be stored securely and treated confidentially according to General Data Protection Regulations (GDPR) and data Protection Act 1988).

For further information please refer to the 'Communicate' Privacy Policy which can be found at www.communicate-therapy.com under 'lets communicate'.

G) Safeguarding

I hold a current DBS certificate which is renewed every 3 years. Service users may see my DBS enhanced disclosure at any time.

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 line with Safeguarding Children's Act 2004.

H) Complaints and Compliments

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.

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.

Equally if your experience is good please do let me know. It is always nice to hear positive feedback as well as ways that I can improve my service.

Consent and Authorisation

Please print and sign two copies of this page: keep one for your records and return one to me either at or prior to our first appointment.

Declaration:

- I have read, understood and agree to these terms and conditions.
- I have read, understood and agree to the Privacy Policy, giving consent for the collection and use of my personal data as laid out in this policy.
- I give consent for Jenny Treen-Smith to liaise and share information directly with NHS therapists involved, relevant education staff and carers when it is in the best interest of my child.
- I give consent for Jenny Treen-Smith to video, taking photographs and / or audio to record my child when it is necessary for assessment, therapy or training purposes as described in the Communicate Privacy Policy.
- I understand that although every effort is made to maintain data security, some communication systems such as email and post cannot be entirely secure.
- I give consent to Jenny Treen-Smith to use Email as a form of communication with me and other professionals as described in the Communicate Privacy Policy.

Name of child: _____ Date of Birth: _____

Signature of patient / parent / guardian) _____

Print Name:

Relationship to child:

Date:

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

Email address: _____

Please give the telephone Number you would like me to use

(home) _____

(mobile) _____

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