Terms and conditions set out the expectations for the service user and the therapist. Please read my terms and conditions and contact me if you have any questions.

**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)**

1. 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.
2. I will let you know whether I have the correct skills and experience to meet their needs.
3. I will signpost you to other professionals if necessary.

**B) Further Appointments**

1. Your child must have attended an assessment appointment with me before commencing therapy. This enables me to plan the appropriate therapy.
2. Therapy appointments will be agreed and booked in advance. We will agree the number of sessions at the point of booking.
3. We will review the need for further sessions at the end of each block of sessions.
4. Therapy sessions last up to an hour unless agreed otherwise. This hour may include direct work with your child, discussion of progress, demonstration/explanation of follow up activities with parents and/or education staff and writing up of notes.
5. No fee will be charged for time spent planning outside of the therapy sessions.

**C) Fees:**

1. A £50 deposit must be paid by BACS at the time of booking your first appointment.
2. The remainder of the fee for your first appointment must be paid during the session.
3. My preferred method of payment is via bank transfer to the following account:
   * Account Name: Liz Reeves
   * Sort Code: 11-13-20
   * Account No: 00508964
4. Payment for subsequent sessions will be requested via email invoice at the end of each calendar month and payment must be received within 14 calendar days. This can be paid via cash or bank transfer.
5. Payment will also be accepted at the time of treatment if preferred.
6. I will seek your agreement prior to undertaking any additional work that will incur further fees e.g. additional reports, visits or meetings.
7. Fees are reviewed each financial year. Please refer to ‘Services & Fees on www.buddingcommunicators.co.uk for current fees including travel.

**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.
3. If payment is not received in full within 7 calendar days of therapy being suspended, I reserve the right to refer the matter to a solicitor and to commence legal action.

**E) Cancellations and non-attendance:**

1. If I need to cancel an appointment I will let you know as soon as possible and reschedule the appointment.
2. If you do need to cancel an appointment or if your child is not going to be in school for an arranged session please contact me as soon as possible.
3. The session will be refunded in full if you contact me before 8.30am on the day of the appointment.
4. If you cancel the appointment after 8.30am on the day of the appointment, a cancellation fee of £30 will be incurred.
5. 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.

**F) Data Protection:**

1. All client details, case notes and correspondence will be stored securely and treated confidentially according to General Data Protection Regulations and the Data Protection Act 1988.
2. For further information please refer to the ‘Budding Communicators’ Privacy policy.

**G) Safeguarding:**

1. Service users may see my DBS enhanced disclosure at any time.
2. 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 the Safeguarding Children's Act 2004.

**H) Liaison with other professionals:**

1. To offer the best service to your child it is often important for me to liaise with other professionals involved in their care. This includes people such as NHS Speech and Language Therapists, school/pre-school staff, your GP or other medical/educational staff.

**I) Use of video and sound recording equipment:**

1. Some assessment and therapy techniques involve the use of video to record your child playing with you or audio recordings of them talking.
2. The recordings are temporarily stored on an encrypted, password protected tablet. Once the video / audio recording has been used as needed in therapy / for assessment it will be deleted. No copies will be retained.

**J) 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 will be password protected.
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 only.
5. With your consent we will use ‘whatsapp’ for the transfer of videos needed for teletherapy and online initial assessments.

**K) 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

**L) Covid 19 Risk assessment:**

1. Due to the current Covid 19 situation and the governments recommendations that support is offered online wherever possible, teletherapy will remain the first option in most cases.
2. To determine if the benefits of face to face support outweigh the risk we will jointly complete a risk assessment. Parents will be asked to sign an additional form agreeing to certain conditions to minimise the risk.
3. Where face to face support is deemed necessary I will adhere to the following government policies:
   1. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf>
   2. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf>

Consent.

**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:** \*please delete as appropriate

I understand I can contact Liz before signing the terms and conditions if I have any questions \*Yes / No

I agree to Liz liaising with other professionals when it is in my child’s best interests: \*YES / NO

I agree to Liz using video / audio recording as necessary in my child’s speech and language therapy sessions as described in the Privacy Policy: \*YES / NO

I understand that Liz will be storing and processing my child’s personal information as described above and in the Budding Communicators privacy policy: \*YES / NO

I give consent for Liz to use email as a form of communication with me and other professionals as described above: \*YES / NO

By signing below, I am acknowledging I have read, understood and 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):………………………………………………………………………………………………………