

## **Terms and Conditions**

Nicola Haworth, Independent speech and language therapist

RCSLT Membership number: RC0016865 HCPC Registration number: SL07673

The below terms and conditions set out the expectations for the service user (i.e. parent) and the Therapist (Nicola Haworth) They are a contract between us and so both parties are protected in the unlikely event that disagreement occurs. Please read them and contact me if you have any questions. Please then sign the consent form and ensure I receive it on or before the initial assessment session. I need to have a copy of this signed consent before I can work with your child.

## **Services**

**Initial assessment:** Initial assessment sessions last approximately 45-60mins, they involve gathering a case history on your child, this can be discussion with you as parent as well as you providing copies of other professional reports. There will also be direct work with your child, this can be play based, with both formal and informal assessments as well as some observation in free play. Accurate diagnosis is needed in order to plan therapy sessions and this may take longer than the first appointment, if this is the case it will be discussed with you. At the end of the first session a plan will be made on further input and will be discussed fully with you. A brief report will then be written and sent to you and this can be shared by you to other people as needed. The fee for the initial assessment include travel to and from the session, planning and preparation for the session, time at the appointment and then writing up notes and preparing a report and plan.

**Therapy sessions:** a typical therapy session lasts around 30 minutes. This is time spent directly with the child as well as time to discuss with parent/carer/teacher depending on where the child is seen. The fee for therapy sessions include travel to and from the session, planning and preparation for the session, time at the appointment and then writing up notes and preparing future sessions/resources etc. It is often difficult to estimate the exact number of therapy session needed, I will make a plan with you regarding the frequency and will be flexible as needed in terms of this and how long your child needs my input. You as a parent are free to withdraw from therapy at any point. If I feel therapy is not effective or is no longer working I will discuss this with you and may recommend we stop input.

Attendance at meetings or other discussions: I will attend meetings whenever possible and after agreeing this with parents. The fee charged for meetings and discussions will include time at the meeting or discussion as well as planning and preparing for this and liaising with others before hand or after as needed.

**Reports, Written programmes and Resources:** Reports and written programmes other than the initial report can be requested for an additional fee, this fee will be discussed with you before writing the report/programme. These will be sent to you by email and is yours to distribute as needed. I can send directly to other professionals as requested to.

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Most resources used and provided are included within my session fees, certain resources may include an additional charge, this will be discussed with you before providing them.

**School Visits:** School visits are only made with parental agreement. Consent for me to see a child in school is given on the consent declaration form. School and nursery sessions may involve formal and informal assessment, direct 1:1 therapy, some small group work with peers, class observation as well as discussion with teachers/support staff.

I will feedback via email on school/nursery session and parents can ring to discuss this as needed. Parents can also request to attend school/nursery sessions and this will be discussed with them.

It is parents responsibility to inform me of any absence from school/nursery that will affect my sessions.

**Travel:** Travel from my base to each session is charged on top of my session fee and will be agreed before the first session.

**Liaison:** it is important for your child's care that I liaise with other professionals involved with them. If you object to me liaising with any specific person please indicate this on the consent form otherwise I am free to liaise with all professionals.

Families should keep everyone involved in their child's care informed about therapy input.

It is good practice when both an independent and NHS therapist are involved with the same child that they liaise and work collaboratively. This is also true of other professionals.

Safeguarding: I hold a current DBS and service users may see my DBS 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 the relevant professionals in line with Safeguarding Children's act 2004.

**Working Hours and Contacting me:** I work mainly school hours and can be contacted within these times. I do work some out of school hours sessions but these are adhoc.

**Payment:** Fees can be paid at the session by cash or cheque or after the session by BACS transfer. If paying by BACS it must be made within 48 hours of the session otherwise late fees may apply. If your child is seen without you as parent I will send an invoice after the session with payment details on.

Receipts will only be provided if specifically requested.

**Non Payment:** if payment is not received with 48 hours I will contact you to remind you payment is due. If payment is still not received after 14 days I will write to you stating that therapy is suspended until invoice is paid in full. If payment is still not received I reserve the right to refer the mater to a solicitor to commence legal action.

**Cancellation:** If I have to cancel an appointment I will contact you as soon as I can and will offer alternative appointments to reschedule as soon as possible.

I understand that you may need to cancel sessions at short notice, please give at least 24 hours notice of cancelations. If sessions are cancelled with less the 24 hours notice you will be charged an amount to cover my costs of preparation time, materials and lost session time.

If I arrive for an appointment and your child is not there for the session and you haven't given me notice you will be charged in full for the session.

**Fee Changes:** fees are subject to change, you will be notified of any changes with at least a months notice given.

**Data Protection:** I have a privacy policy and you can request a copy of this at any time.

I am registered with ICO as a data controller.

All client details, case notes and correspondence/reports will be stored securely and treated with confidentiality according to GDPR and date protection act 1988.

Paper case notes are stored in locked filing cabinets except when travelling to appointments. Reports and emails, phone numbers addresses etc are kept on password protected computer and a mobile phone that is pin protected. Your child's name and appointment times and dates are kept in a hand written diary that is on my person when out of the house.

In accordance with professional standards all records are kept securely until your child reaches the age of 25 years, after this time they will be destroyed.

You can request in writing to have access to your child's notes at any time as detailed in privacy policy.

**Electronic Communication:** Email is not 100 % secure method of communication. With your consent it will be used for correspondence and to send letters, invoices and reports as well as any other relevant documents.

Reports sent by email will be password protected

In emails and invoices I will refer to your child by initials or first name only.

**Complaints:** if you are not satisfied with my service please contact me directly. I will make every attempt to resolve any issues through discussion with you.

If it is not possible to resolve matters and you wish to complaint formally please contact ASLTIP www.helpwithtalking.com



## **Declaration of Consent and Agreement to Terms and Conditions**

I have seen and read the terms and conditions of service for Nicola Haworth speech and language therapy and have been informed about the privacy policy. I understand that I can contact Nicola Haworth and discuss any questions I may have before signing this consent.

## I Give Consent for:

**Treatment:** I give consent for Nicola Haworth to carry out assessment and/or therapy session with my child.

**Liaison:** I give consent for Nicola Haworth to liaise with other professionals and people relevant to the care of my child. If I object to specific people that Nicola Haworth should not liaise with I will indicate it here;

**Data storing and processing:** I give consent for Nicola Haworth to hold personal information about my child as detailed on terms and conditions.

**Electronic Communication:** I give consent for Nicola Haworth to use email for correspondence with me and other professionals as detailed in terms and conditions.

By signing below I am agreeing to the terms and conditions and declaring informed consent for treatment, liaison, data storing and processing and electronic communication by Nicola Haworth.

Signed:	Date:
Print Name:	
Relationship to Child:	
Email Address:	
Phone no:	

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