**Terms & Conditions**

If you verbally commit to speech and language therapy sessions, you are agreeing to accept the terms and conditions below. I also ask you to sign the bottom of these terms and conditions to confirm that you have read and agreed to them.

Please read the terms and conditions carefully and do not hesitate to ask any question that may arise.

**Client History Form**

It is important for me to have a full and clear picture of your child’s needs and developmental history. Whilst the form may seem long it is important that it is completed as fully as possible.

**Initial Assessment**

This assessment will involve observation, informal interaction and play with the child and discussion with the child’s parent/carer. It may involve the use of formal assessment. A report will be provided.

In certain circumstances further assessment sessions may be recommended, these will be discussed with you in advance.

**Therapy Session**

A session lasts between 35 minutes and 1 hour depending on a variety of factors including attention span of your child, best practice guidelines and resources of time and space. This time is ideally spent with the child and parent/member of teaching staff. The fee also includes time spent outside of the therapy session preparing material, planning and discussing progress with parents and professionals.

**Additional letters, reports and treatment programmes**

Written documents which are additional to the initial assessment report are charged at a set fee. Should the report take longer than estimated, the cost will reflect the time it has taken.

**Telephone calls**

Calls over 10 minutes in duration will be charged at the therapist’s discretion.

**Location of Sessions**

Assessment and therapy sessions will generally be offered in your own home or your child’s school. I ask that you provide a quiet environment, free from distractions.

**Role of the Parent/carer**

During your child’s therapy I usually provide tasks and activities for you to carry out with your child at home between therapy sessions. The aim is for you to do 10-20 minutes home practice daily with your child. 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 (or a member of school staff) commit to attend all the agreed therapy sessions.

**Cancellations**

A minimum of 24 hours’ notice is required for cancellations. Sessions cancelled by you after this time or sessions not attended will incur a charge of 50% of the arranged session fee. This includes sessions cancelled due to illness. If your child receives his/her speech and language therapy at school, you as the parent are responsible for cancelling a session, not the school, including school trips, changes to the usual school time table and extra curricular activities.

If I am unable to attend a session for any reason I will let you know as soon as possible. I will endeavour to re-arrange the session. If I am unable to re-arrange the session then there will be no charge.

**Circulation of Reports/Sharing Information**

It is considered best practice to share information with relevant professionals in order to work together to support your child’s needs. Speech-Bubble will routinely add your child’s G.P., school and any other professionals involved in your child’s care to the cc list of the report unless you request (in writing) that this should NOT happen. You will be asked to provide a list of the professionals involved in your child's care.

**Discharge Criteria**

Parents are free to withdraw from treatment at any time. The therapist may also withdraw treatment or discharge the child for any of the following reasons:

* The child’s speech and language skills are within the normal range for their age
* The child is no longer making progress (this is usually looked as no progress for 3+ moths despite input)
* All appropriate strategies are in place and advice has been given.
* Therapy/intervention is not deemed appropriate by the therapist.

**Privacy Notice**

Speech-Bubble will collect information about your child (and family) that is relevant to their therapy/intervention. Written notes will also be completed after each contact with you and/or your child and other professional to inform of ongoing intervention. All information held by Speech-Bubble will be kept securely. Speech-Bubble will not disclose any information about your child without your consent except where there are concerns regarding your child’s safety and/or wellbeing.

It is good practice to share information about your child’s needs with professionals who are working with your child and you will be asked to consent to this.

See attached Speech Bubble’s Privacy Notice.

**Fees**

|  |  |
| --- | --- |
| Initial Assessment: | £130.00 to include a report |
| Further assessment sessions | £70.00 |
| Therapy session | £70.00 to include home activities given |
| Additional reports, letters and programmes | £50.00 per hour |
| Mileage | £0.50 per mile |

Fees are reviewed on an annual basis on the 1st of April. You will be sent an updated fee schedule at least 30 days before any change in fees.

**Payment**

Payment for the initial assessment is due on the day the day you receive the report from the assessment.

Therapy session fees will be invoiced half termly. Payment is usually due 10 days after the invoice is issued.

Clients using private medical insurance are responsible for settling the invoices and then claiming from the insurance company. It is advisable to check your level of cover before commencing therapy.

Late payments will incur a penalty charge of £10.00 and interest may be added to the invoice amount.

A reminder will be sent to you if your payment is late. If the invoice remains unpaid then debt collection proceedings will be started.

If payment is not made after the reminder has been sent then sessions for your child will be suspended.

**Review of terms & Conditions**

These terms and conditions are subject to review and may change. You will be given a minimum of 30 days’ notice of any changes.

**I have read and agree to these terms and conditions.**

Signed:……………………………………………………………………………………………………………………………………

Print Name:…………………………………………………………………………………………………………………………….

Relationship to child:……………………………………………………………………………………………………………

Contact number:………………………………………………………………………………………………………………….

Date:……………………………………………………………………………………………………………………………………

**I have read the Privacy Notice.**

Signed…………………………………………………………………………………………………………………………………….

Date……………………………………………………………………………………………………………………………………….

Please print off this form, sign it and return to the therapist prior to or on the first session.