



## Terms and Conditions of Service

Terms and conditions 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. Please read my terms and conditions and contact me if you have any questions. Please sign both copies, returning one to me before our first appointment. Thank you.

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

1. You will receive a letter confirming the details of your child's first appointment including date, time, location, and fee. You will also be sent a pre-assessment questionnaire to complete and terms and conditions to be signed. Both documents must be returned to me prior to 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 correct skills and experience to meet their needs.
4. 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 appropriate therapy.
2. Therapy sessions can be arranged in your home and/or your child's educational setting.
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.
5. Therapy sessions last 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.
6. No fee will be charged for time spent planning outside of the therapy sessions.

### **C) Fees:**

1. A £50 deposit must be paid at the time of booking your first appointment. The remainder of the fee for your first appointment will be invoiced on completion of the assessment.
2. Fees for therapy blocks must be paid in advance of each block of sessions commencing.
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 & Fees' on [www.chatterboxsussex.com](http://www.chatterboxsussex.com) for current fees.

### **D) Fee Changes:**

1. Fees are subject to annual increases from 1 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, invoiced and paid for.

## **E) Payment terms:**

1. As at C1 above, a deposit of £50 deposit must be paid at the time of booking your first appointment.
2. Invoices must be paid within 10 days of the invoice date.
3. My preferred method of payment is via bank transfer to the following account:
  - Lloyds Bank
  - Account Name: Chatterbox Sussex Speech and Language Therapy Ltd
  - Sort Code: 30-64-15
  - Account No: 29521560
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 insurance.
2. It is recommended that you check with your insurance company prior to booking appointments to ensure that you are covered.

## **H) Travel:**

1. No fee will be charged for the first 20 minutes of travel to appointments.
2. Excess charges only apply for journeys **to** an appointment.
3. Excess travel is charged at £79 per hour, pro-rata.
4. Travel times are calculated using The *AA Route Planner* ([www.theaa.com](http://www.theaa.com)).
5. All journeys are calculated from my base at BN6 9ZW.

## **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 do need to cancel an appointment, please contact me as soon as possible.
3. The session will be refunded in full if you contact me before 9am on the day of the appointment.
4. If you cancel the appointment after 9am on the day of the appointment, a cancellation fee of £39.50 will be incurred.

## **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 appointment at your home.
  - If your child is not at school or pre-school when I attend an arranged visit.
2. It is your responsibility to inform me if your child is not going to be at school or preschool for an appointment.

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

1. Reports and programmes will be supplied to you on request.
2. Unless expressly included in the session fee or otherwise agreed, an additional fee calculated by reference to hourly rates will be charged for writing reports and/or programmes.
3. Reports and/or programmes can be shared by you with other professionals as you choose.
4. Reports and/or programmes will be sent to you via post or by email as you prefer.

### **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 school or pre-school can also be provided at no extra charge.
3. Further copies can be provided at additional cost (price given on 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.

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

1. I am registered with the Information Commissioner's Office (ICO) as a Data Controller. You can view my ICO registration by visiting: [www.ico.org.uk/ESDWebPages/Entry/ZA266569](http://www.ico.org.uk/ESDWebPages/Entry/ZA266569)
2. 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 2018.
3. Information is stored on a secure electronic system called "*WriteUpp*". 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 2018.
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 any inaccuracies. These requests will be dealt with within 30 days.
7. For further information please refer to the Chatterbox Sussex SLT Ltd Privacy Policy at [www.chatterboxsussex.com](http://www.chatterboxsussex.com).

### **N) Safeguarding:**

1. For your peace of mind, I renew my DBS check annually. 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.

### **O) 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.

2. This includes people such as NHS Speech and Language Therapists, school/pre-school staff, your GP, or other medical/educational staff.

**P) Working hours and availability:**

1. I work Monday to Thursday.
2. I can be contacted by email or phone and I aim to respond by my next working day.

**Q) Use of video:**

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

**R) 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 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 only.

**S) 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 Health and Care Professions and Council at [www.hcpc-uk.org](http://www.hcpc-uk.org)

**Declaration:**

\*please delete as appropriate

I understand I can contact Rachel before signing the terms and conditions if I have any questions

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

I agree to Rachel using video as necessary in my child's speech and language therapy sessions as described above: \*YES / NO

I understand that Rachel will be storing and processing my child's personal information as described above: \*YES / NO

I give consent for Rachel to use email as a form of communication 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):.....