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 sign and return an electronic copy of the consent page to me before our first appointment. Thank you.**

**A) First Appointment (Assessment)**

1. A deposit of £60 is required at the time of booking which is non-refundable in the event of a cancellation.
2. The remaining amount is due on the day of the appointment.
3. If your assessment includes a report this will not be issued until payment has been received.
4. 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.
5. I will let you know whether I have the correct skills and experience to meet their needs and if necessary signpost you to other professionals.

**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, booked and paid for 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 45 minutes**. This includes direct work with your child, discussion of progress, demonstration/explanation of follow up activities with parents and/or education staff.
5. Appointment reminders will be emailed via ‘Write upp.’

**C) Fees:**

1. Payment for blocks of therapy will be requested via email invoice prior to the block starting. Payment must be received within 10 days or your block will be cancelled.
2. My preferred method of payment is via bank transfer to the following account:
   * Account Name: Elizabeth Reeves
   * Sort Code: 60-83-71
   * Account No: 07619945
3. Any additional work that will incur further fees e.g. additional reports, visits or meetings, phone calls with your child’s setting will be agreed with you and invoiced separately.
4. Fees are reviewed each financial year, existing clients will be given 2 months notice of any changes in fees. Please refer to ‘Services & Fees on www.buddingcommunicators.co.uk for current fees including travel.

**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 need to cancel an appointment you must provide a minimum of 48 hours notice, although more is appreciated.
3. **Sessions cancelled within the 48 hours will be charged at 50% of the session rate.**
4. 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.
   * You do not attend a planned appointment.
   * If your child is not at school or pre-school when I attend an arranged visit.

**or an appointment cancelled within 2 hours of the appointment time.**

**F) Data Protection:**

1. All client details, case notes and correspondence will be stored securely using an online notes system called Writeupp, which meets the 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. I will refer to your child in emails by their initials only.
4. 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.asltip.com

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:**

I understand that:

I can contact Liz before signing the terms and conditions if I have any questions.

I agree to Liz liaising with other professionals when it is in my child’s best interests.

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.

I understand that Liz will be storing and processing my child’s personal information as described above and in the Budding Communicators privacy policy.

I give consent for Liz to use email as a form of communication with me and other professionals as described above.

I agree to the payment and cancellation policy.

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):………………………………………………………………………………………………………