

## *Terms and Conditions – Assessment and Therapy*

**Please read through the following Terms and Conditions carefully. They set out the expectations for the service user and therapist. They govern the contract between us and ensure that both parties are protected in the unlikely event of a disagreement. Please do not hesitate to ask for clarification on any points if needed.**

**Please sign and date both copies, and return one to me to indicate your acceptance prior to the first appointment.**

1. Prior to an assessment being arranged, **you will be emailed information about my role** in providing an initial assessment and (if deemed appropriate) ongoing therapy, the fees likely to be incurred, timescales and requirements from you (the service user). I will inform you if I do not consider I have the necessary skills and experience to carry out an assessment or therapy, and will try to signpost you to other professionals if necessary.
2. On **receipt of a signed copy of these Terms and Conditions** you will be emailed confirmation of the initial assessment date and venue.
3. Email is not a 100% secure method of communication. **With your signed consent, email will be used for correspondence:** to send letters, reports and other documents. Documents will be password protected and saved in Printed Document Format (PDF).
4. **Some assessment will involve the use of video and/or sound recording.** The videos are temporarily stored on an encrypted, password protected i-phone. When no longer needed to inform my assessment, recordings are deleted and no copies retained.
5. An assessment may require **liaison with other professionals** involved with the child/young person. You will always be informed of any telephone/face-to-face liaison, and you will be copied in on emails sent to other professionals. Please note that it is against the law for the NHS to withdraw their services if a child is also accessing private therapy. Should a child be involved with an NHS SLT, I **will always inform them of my involvement and attempt to work collaboratively.**
6. Following assessment and discussion with the parent/carers, **the frequency of therapy sessions will be agreed jointly.** Sessions may be weekly, fortnightly or monthly etc. depending on the needs of the child.
7. **I am happy for parents to end my involvement with their child at any time without penalties.** Likewise, if there are valid reasons why I should not be seeing a child (e.g. a more specialist SLT is

required, the child is too young to benefit from intervention or therapy is no longer required) I will always be honest with parents and suggest drawing therapy to a close.

8. I do not hold a waiting list. Once a child is being seen for regular therapy, they have priority for the available sessions each week. **I will not expect children to take long breaks from therapy unless the need is indicated clinically.**
9. I try to be as **flexible as possible** when booking appointments to accommodate the needs of the family. However, **I may also require flexibility given my role as an expert witness** for medico-legal work which can result in assessments and court attendance taking place all over the country.
10. All appointments are offered in **the child or young person's home, nursery, school, college or a combination of these settings**. Multiple visits (e.g. additional visits to another setting) will result in a increased fees, but only be made with prior agreement from the parents/carers.
11. As a parent of 2 children myself, I am fully appreciative that sessions may have to be cancelled at short notice due to illness. **I do not charge for cancelled sessions providing there is a valid reason given.** Likewise, I hope parents understand that there may be occasions when I, too must cancel/postpone a session at short notice due to illness.
12. A charge of **£25 plus travel costs** will be made in the event that I arrive for a scheduled appointment and no-one is home, or if a child/young person is not at school/college on the day I am booked to visit (e.g. through illness or school trip). **It is the parent's/carer's responsibility to inform me of any absences.**
13. Payments are requested at each session unless alternative arrangements have been agreed in advance. Payments can be made by **cash, cheque or direct bank transfer**. A written receipt will be provided on request. Please see my fee structure for current charges.
14. In the event of parents withdrawing their child from therapy on a permanent basis, **any fees outstanding must be settled within 7 days** (including any refunded money from me if sessions have been paid for in advance).
15. **In the event of a safeguarding concern**, I have a legal obligation to share that information with relevant professionals in line with the Safeguarding Children's Act 2004.
16. **I am registered with the Information Commissioner's Office (ICO) as a Data Controller.** You can view my ICO registration by visiting: <https://ico.org.uk/ESDWebPages/Entry/Z3084713>.

17. I keep **written confidential notes on my involvement** with each child or young person. These are stored securely and treated confidentially according to the General Data Protection Regulations and the Data Protection Act 1988.
18. The Royal College of Speech and Language Therapists advise that **written records are kept until the child/young person's 25<sup>th</sup> birthday**. Files are then destroyed by shredding.
19. **You may apply in writing to access a copy of your child's notes** or to request modifications of any inaccuracies. These requests will be dealt with within 30 days.
20. For further information please refer to my **Privacy Policy** at [www.kids-communication.co.uk](http://www.kids-communication.co.uk)

### Declaration

\*please delete as appropriate

I understand I can contact Helen Pearson with any questions before signing the Terms and Conditions.

I agree to Helen Pearson liaising with other professionals when necessary: \* YES / NO

I agree to Helen Pearson using video/recording equipment as part of the assessment/therapy: \* YES / NO

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

I give consent for Helen Pearson 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Child/Young Person: \_\_\_\_\_

Relationship to Child/Young Person:

Please confirm below the email address(es) you are happy for me to use in correspondence with you:

\_\_\_\_\_  
\_\_\_\_\_