

Terms and Conditions

This document sets out what users of our service should expect and in return what the speech and language therapist expects from you. You should also read our Privacy Policy, so that you understand what information we will collect and how this information is used.

Before therapy starts, two copies of these terms and conditions must be printed and signed. One copy is for you to keep for your records, the other copy is for our records.

1. Services

E.A.T Speech Therapy Private Speech and Language Therapy Service follows Royal College of Speech and Language Therapists' guidelines.

Speech and Language Therapy assessment and therapy sessions are offered via telehealth, in your own home and in education settings by arrangement. Therapy always involves working collaboratively to achieve maximum success.

Subject to your consent, liaison can take place with your child's school or nursery, and with your child's NHS speech and language therapist and other designated people as appropriate.

The service is immediate and flexible with an emphasis on working towards early identification and intervention as well as working collaboratively to achieve maximum success.

2. First Appointment and Initial Assessment

Prior to the first appointment a completed case history form along with two copies of the terms and conditions which have been signed are required.

Therapy starts with an initial assessment. The initial assessment includes:-

- Gaining additional background information.
- Assessment (informal/formal) and verbal feedback.
- A one-page summary outlining assessment findings and recommendations.

This session will typically be around 60 to 90 minutes.

Further assessment may be required if further information regarding the child's difficulties needs to be ascertained. This will be charged at the rate for follow up sessions.

An initial consultation does not automatically result in further therapy sessions being recommended. All future therapy will be arranged by joint agreement with the speech and language therapist and the child and the child's parent / carer and will be subject to regular review.

3. Therapy/Review/Monitoring Sessions

Therapy sessions will be tailored to the child's needs as determined by the results of assessments.

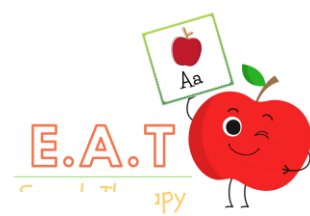
These will be subject to change as appropriate, depending on progress or any other issues arising from intervention.

Sessions last for 45 minutes.

Appropriate therapy materials e.g. worksheets will be provided by the therapist. The therapist may also recommend tools and resources that the family will need to purchase to support achievement of therapy goals e.g. TalkTools products for oral placement therapy, ipad apps.

4. Discharge criteria

Parents / carers 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 normal range.
- The child has achieved maximum potential at the current time.
- All appropriate strategies are in place and advice has been given.
- Therapy/intervention is not deemed appropriate by the therapist.
- Due to non-compliance e.g. frequently cancelled appointments or follow-up activities not being carried out.

5. Confidentiality

All clinical information is kept confidential subject to the permissions agreed in the consent form (see section 15) unless information is required to be provided by law. All electronic client information will be stored in an encrypted form. All paper-based reports, assessments, records and other client data will be kept in locked storage facilities except when in use.

Please note that if information is disclosed which relates to a child protection issue it is the duty of care of the professional to disclose this information to the appropriate authority in accordance with the Safeguarding Children Act 2004. This duty of care will be carried out as appropriate by E.A.T Speech Therapy.

6. Data protection policy

Please see our Privacy Policy.

7. Sharing information

In order to offer the best service, it is often important to liaise with other professionals involved. The initial consents to liaise are specified in these Terms and Conditions but these can be overridden by subsequent written instructions or permissions.

It is important to inform the therapist if the client is receiving, or has received NHS therapy, or other speech and language therapy services as well as any other specialist services.

Subject to consent, E.A.T Speech Therapy will liaise with the NHS therapist and any other professional, subject to the client / parent / carer's consent (see section 15).

Information is confidential (see sections 5 and 6) and will not be released without consent except in the event of a safeguarding concern where there is a legal obligation to share information with relevant professionals.

Reports and programmes will be provided on request. Whenever a report or programme is not included in the planned session, an additional fee will be charged for writing reports and/or programmes (see section 8).

Reports and/or programmes can be shared by you as you choose. E.A.T Speech Therapy will only share these documents with your prior consent except in the event of a safeguarding concern where there is a legal obligation to share information.

8. Costs

Fees are available on the website eatspeechtherapy.co.uk or on request and will be provided prior to the initial assessment. Signing the Terms and Conditions constitutes an agreement to abide by them.

Fees for therapy blocks must be paid in advance of each block of sessions commencing. Additional reports, meetings or visits will be invoiced once completed. Your agreement will be sought prior to undertaking any additional work.

If it is necessary to increase fees, clients will be given at least 8 weeks' notice of the changes. Changes will not apply to therapy blocks that have already started or for sessions that have already been booked or invoiced.



Travel is included in sessions that are within the boundary of the Greater Manchester/Cheshire area. That is a maximum of a 30-minute round trip from the therapists base in Hazel Grove. Additional travel charges will apply for sessions outside of this radius. These costs will be discussed prior to engaging in therapy and included as a sub-item (travel) on the session invoice charged pro-rata at the usual therapy rate.

9. Payment

All fees are agreed and paid in advance of sessions via bank transfer. Your appointment(s) is secured once payment has been received. Cheques are not accepted. For school-based contracts, arrangements can be made for invoices to be sent on a half-termly or termly basis.

Parents/carers using private health insurance are responsible for settling the invoice and claiming from the insurer concerned. It is recommended that you check the level and nature of your cover before agreeing to therapy.

10. Cancellation

Please provide a minimum of 48 hours' notice to cancel an appointment. This should be carried out via phone or email and you will receive notification of your cancellation. Cancellations with less than 48 hours' notice or failure to attend will incur the full cost for that session. It is the parent/carer's responsibility to inform the therapist if the child is going to be absent from school / nursery on the day of a visit. If more than two sessions in a row are cancelled or missed, therapy may be put on hold until circumstances allow for regular attendance. If your therapist needs to cancel an appointment, you will be informed as soon as possible, no charge will be made and a new appointment will be organised at a mutually convenient time.

11. Additional information

Regular speech and language therapy can be, as a guideline, weekly, fortnightly or monthly.

Regular sessions of 45 minutes are offered in the client's home or educational setting.

Each session will include discussion regarding suitable activities that can be practised prior to the following visit. It is therefore very important that a parent / carer is available during the visit to observe the whole session and be available for discussion as appropriate.

The following is also necessary for successful therapy to occur:

- Ongoing regular practice using the activities or resources suggested by the therapist during the visit.
- A quiet area to carry out the work, free from distractions.

The therapist will discuss the child's progress at regular intervals to arrange future management.

12. Video

It is sometimes very useful to record the therapy session using video. Such videos, when used, are stored temporarily on an encrypted and password protected electronic device. Once the video is no longer needed for therapy it will be deleted. No copies will then be retained.

13. Email and Electronic Communication

Email and other forms of electronic communication are not secure ways of communication but they are very convenient to use. In emails your child will be referred to by their initials or additional letters, sufficient for the child to be unambiguously identified at the time. With your consent, email or other forms of electronic communication will be used to send encrypted and password protected Printed Document Format (PDF) letters, reports and other documents. Correspondence via email with other professionals will be copied to you as appropriate.

14. Complaints

If you are unhappy with any aspect of the service provided by E.A.T Speech Therapy, please first contact Danielle Cottam to discuss and hopefully resolve your concerns.

If you wish to instigate a formal complaint about any independent Speech and Language Therapist you can contact the Association of Speech and Language Therapists in Private Practice (ASLTIP) (www.helpwithtalking.com) or the Health and Care Professions Council (HCPC) (www.hcpc-uk.co.uk) to discuss your concerns about any Speech and Language Therapist.

14. Covid-19

A separate and additional consent form and risk assessment has been developed for community-based visits for use during Covid-19. This will be shared prior to any community based sessions.

16. Consent

At the initial appointment two signed copies of these Terms and Conditions for receiving private speech and language therapy with E.A.T Speech Therapy need to be completed along with a case history form. The Terms and Conditions include the following:-

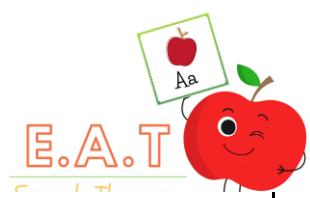
- Agreement of terms.
- Payment of fees.
- Cancellation notice.
- Liaison with other professionals.
- Sharing information with other professionals, as appropriate.

Please sign both copies of the Terms and Conditions which state that that you have read and understood the above terms and conditions and agree to abide by them. Please retain one copy for yourself. The second copy will be kept by E.A.T Speech Therapy.

Danielle Cottam
Highly Specialist Speech and Language Therapist
E.A.T Speech Therapy
Tel no: 07852346779
Email: Danielle.cottam@outlook.com

I consent to the following (* Please delete as appropriate):-

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| I hereby state that I have read and understood the above terms and conditions and agree to abide by them. | *Yes/No |
| I understand that I can contact Danielle Cottam at E.A.T Speech Therapy before signing the Terms and Conditions if I have any questions. | *Yes/No |
| I agree for Danielle Cottam at E.A.T Speech Therapy to liaise with other professionals e.g. teaching staff, health visitors and other medical / education professionals as appropriate including sending reports to these agencies and receiving reports and other relevant documentation from them. | *Yes/No |
| Liaison with NHS therapist (where one is involved) including sending and receiving reports and exchanging written and / or verbal information about the therapy as appropriate. | *Yes/No |
| I understand that confidential data will be stored and processed by Danielle Cottam at E.A.T Speech Therapy as described above. | *Yes/No |



I consent to Danielle at E.A.T Speech Therapy using text, email and phone-calls as forms of communication with me and other professionals as described above.

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|---------|
| *Yes/No |
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Child's Name:

Date of Birth:

Name of parent / person with parental responsibility (Please print):

Signature of parent / person with parental responsibility:

Relationship to child:

Date: