

East London Speech Therapy (ELST) Terms and Conditions

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.

I reserve the right to update the below terms and conditions at any time. If material changes to the terms and conditions take place, I will notify you via email address you have specified. Your continued use of my service after changes to Terms and Conditions become effective, and have been communicated to you via the email or postal address you have provided, means that you accept these changes. Please notify me if any contact details change. I cannot be held responsible for any issues surrounding communication with you if I do not hold up to date information re the above.

Please sign both copies, returning one to me before our first appointment. Thank you.

1. First Appointment (Assessment)

- You will receive a verbal or written confirmation of your first appointment which includes, date, time, location and fee.
- Assessment sessions will be completed at your home address.
 During the first appointment you will be provided the terms and conditions and privacy policy to read and sign if you agree.
- During the first appointment I will decide if further assessment/therapy required.
- I will inform you if I have the correct skills and experience to meet your needs. I will signpost you to other professionals if not.

2. Further Appointments

- You must complete an assessment prior to commencing therapy. This enables me to plan appropriate therapy.
- Therapy sessions will be completed at your home address unless otherwise specified
- Therapy appointments will be agreed and booked in advance.
- We will agree a block of therapy (number to be confirmed), and review the need for further sessions following each block.
- Therapy sessions last an hour unless agreed otherwise. This hour may include direct work with you, your family, discussion of progress, demonstration/explanation of therapy, and/or education with family
- No fee will be charged for time spent planning outside of the therapy sessions.

3. Fees

- Fees are outlined under 'fees' at eastlondonspeechtherapy.co.uk.
- Fees are agreed prior to the assessment session and therapy sessions.
- Fees are due 14 days from session. An invoice will be sent via email.
- Reports can be completed at an additional fee.
- I will seek your agreement prior to undertaking any additional work that will incur further fees.
- Please use invoice number and surname as reference when using bank transfer

4. Fee Changes

- Fees are subject to annual increases from 1 April each year.



- Existing clients will be given 8 weeks' notice of any changes in fees.

- Fee increases will not apply to therapy blocks which have already started or sessions which have already been booked, invoiced and paid for.

5. Payment Terms

- Invoice must be paid 14 days from invoice date

The preferred method of payment is bank transfer

Account details:

Account Name: East London Speech Therapy

Sort Code: 04-29-09

Account number: 87661942

- Cash is also accepted

6. Therapist details

- You are provided the therapists First and Last name, email address, and phone number.

- All therapists working with East London Speech Therapy hold current RCSLT membership, HCPC membership and ASLTIP membership

7. Non-Payment

The following process will apply in the event of non-payment:

- 1. I will contact you to remind you that 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.

8. Travel

- I will advise you if I need to charge for travel to appointment.
- No fee will be charged for the first 20 minutes of travel to appointments.
- Excess charges only apply for journeys **to** an appointment.
- Excess travel is charged at £79 per hour, pro-rata.
- Travel times are calculated using The AA Route Planner (www.theaa.com).
- All journeys are calculated from my base in E17.

9. Cancellations/Sickness

- If I need to cancel an appointment, I will let you know as soon as possible and reschedule the appointment. I will aim to give you at least 7 days notice.
- 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.
- If you do need to cancel an appointment, please contact me as soon as possible.
- The session will be refunded in full if you contact me 24 hours before the appointment.
- The session will be charged at 30% if you provide less than 24 hours notice.

10. Non-Attendance

 The full session fee will apply in the event of non-attendance. Non-attendance includes when I come to a previously planned appointment at your home and you are not in.

11. Termination of therapy



- It is within the therapist's rights to terminate therapy or intervention with 24 hours notice but I will aim to give at least 14 days notice.
- If you wish to end therapy before treatment block is completed, please provide at least 2 weeks notice. At the time of notice being given an invoice will be sent for the remaining sessions for the notice period. This will need paying in advance.

12. Therapy details

- I strive to deliver high quality, evidenced based care. All information supplied by my self is evidenced based but no warranties, express or implied, are made. I am not responsible for the validity or accuracy of any material or ideas presented by other individuals, groups or companies.
- Therapy programmed are tailored to the individual and will vary from person to person. I use my experience and knowledge in the field of speech and language therapy to advise on the best therapy activities and programmes, to maximise an individuals potential, but there are no guarantees.
- Therapy, programmes and advice provided by myself, are designed to inform, and/or to facilitate in improving aspects of communication/swallowing.
- Unfortunately, some communication/swallowing difficulties, diseases or disorders do not respond well to treatment and recovery can be slow or not happen at all. In some instances, communication can deteriorate further over time, with ageing and overall deterioration in health.
- The programmes, activities, ideas and information may not lead to a cure or a guarantee that the communication difficulty will improve. I cannot be held responsible for therapy and/or programmes being carried out incorrectly by other people.

13. Reports and Programmes

- Reports and programmes will be supplied to you on request.
- 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.
- Reports and/or programmes can be shared by you with other professionals as you choose.
- Reports and/or programmes will be sent to you via email or handed to you in person

14. Liaison with other professionals

- To offer the best service, it may be important to liaise with other professionals involved in their care. I will always seek your or your NoK consent prior to liaising with other health professionals.
- This may include other speech and language therapists, occupational therapists,
 GPs etc

15. Resources

- Unless otherwise agreed the cost of any resources provided to you are included in the session fees.
- Further copies can be provided at additional cost (price given on enquiry).
- If you would like resources to be laminated, I can provide this service at a charge of 50p per laminate.
- Laminating fees will be charged at the end of each therapy block.

16. Data Protection



- Please refer to ELST Privacy Policy for further details on data protection
- ELST is registered with the Information Commissioner's Office (ICO) as a Data Controller. You can view my ICO registration by visiting: www.ico.org.uk

17. Safeguarding

- I renew my DBS annually. Service users may see my enhanced DBS disclosure at any time
- In the event of a safeguarding concern, where an adult is at risk of abuse or neglect, I
 have a legal obligation to share that information with relevant professionals in line
 with The Care Act (2014)

18. Use of video

- Some assessment and therapy techniques involve the use of video. I will use your own video equipment and you are responsible for the safe keeping and privacy of the video

19. Electronic communication

- Email is not a 100% secured method of communication. With your consent it will be used for correspondence to send letters, reports, and other documents. Your participation in email correspondence is implied consent.
- Correspondence via email to other professionals will be copied to you as necessary.

20. Complaints

- I aim to provide the best quality care. If you believe that you have not been provided a service delivered with an appropriate level of care and skill, then please contact me to discuss at the earliest opportunity.
- 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.
- 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

21. COVID 19

- PPE will be worn as advised by Public Health England
- Please inform if you are diagnosed with COVID 19, and sessions will be cancelled for 7 days after you have informed me.
- You will not be charged for sessions if at least 24 hours notice has been provided. Please refer to cancellation/sickness policy above

Declaration:

I understand I can contact Rebecca before signing the terms and conditions if I have any questions YES / NO

I give consent for Rebecca to use email as a form of communication with me and other professionals as described above YES / NO

I understand that Rebecca will be storing and processing my personal information as described above and in privacy policy YES / NO

I agree to the fees and payment process as outline above YES / NO



I agree to cancellation/non attendance policy outlined above YES / NO

By signing below, I am agreeing to these terms and conditions.

| Signed: | |
|-------------------------------------|---|
| Print Name: | _ |
| If applicable, on behalf of: | |
| Relation to patient: | |
| Date: | |
| Emails specified for communication: | |