**TERMS AND CONDITIONS**

Terms and conditions set out the expectations of client and therapist. They govern the contract between us and ensure that both parties are protected in the unlikely event that a disagreement occurs.

Please read them and contact me with any questions.

Visits

Sessions can be carried out at home, in school or at pre school/nursery.

I do not charge per hour as time will vary depending on the needs and attention span of the child.   Assessment sessions will last between 45 minutes to one hour 30 minutes and will include discussion time. Therapy sessions will last between 45 minutes to an hour and will include liaison with parent/ teacher/ teaching assistant.  A significant adult should always be present where possible.

Liaison with other professionals

In order to provide the best service possible for your child I will liaise with teaching staff regarding any targets or programmes I set.

 With your permission, I will copy any reports that I write, to other key professionals in order to contribute to the diagnostic process and make recommendations as required.  I will liaise with your local/NHS Speech and Language Therapist if involved with your child's care.

Payment

See Fees for detail of costs. Payment for initial assessment must be paid before or at the time of  my first visit. Invoices for subsequent therapy sessions will be emailed prior to each visit and blocks of therapy will be invoiced prior to the block starting. Invoices must be paid within 30 days.

 Cheques can be made payable to Mrs J E Roberts or a BACS transfer made to my account (details given via emailed invoice).

Additional reports, meetings or visits will be invoiced once completed. I will obtain your permission before undertaking any work that will incur additional fees.

Travel

I charge 50p per mile from my home address SN16 9HB to and from the location of the visit and £30 per hour travel time pro rata. This will be agreed with you prior to the first appointment.

Cancellation of Appointments

Please give as much notice as possible.

Appointments that are cancelled with less than 2 hours’ notice may be charged at the full rate including appointments in schools and nurseries.

In the event that I need to cancel I will offer a replacement appointment as soon as possible

Opting out

If, in my professional opinion, your child is no longer benefiting from therapy or needs a break, I will discuss this with you. Similarly if you no longer wish to continue with therapy you can stop at any time.

​Use of Video

Some assessment and therapy techniques require the use of video to record your child. Videos will be password protected and stored temporarily on a secure memory stick or on a password protected tablet. These will not be shared with anybody without your permission and will be deleted once no longer needed.

Communication

With your consent, I will use email to contact you and send letters and reports. All documents will be password protected and saved as a PDF. In emails I will refer to your child by their initials only.

Data protection

I am registered with the Information Commissioner's Office (ICO) as a data controller. You can view my registration by visiting [www.ico.org.uk/ESDWebPages/Entry/ZA171609](http://www.ico.org.uk/ESDWebPages/Entry/ZA171609)

All client information and correspondence is stored securely in compliance with the UK Data Protection Act 1998 and the General Data Protection Regulations (GDPR) in a locked filing cabinet or password protected on a secure memory stick.

When away from the office on visits, I take the minimum amount of information required and keep it with me or locked in the boot of my car.

All records will be kept securely until your child is 25 years of age. according to law. and will be destroyed by shredding at his time.

You may apply in writing to have access to your child's records.

Safeguarding

I hold a current DBS certificate which is renewed annually.

In the event that I am concerned for the safety of your child, I have a legal oblation to share that information with relevant professionals, in accordance with the Safeguarding Children's Act 2004.

Please sign two copies of the Terms and Conditions, return one to me and keep the other.

**Declaration**

**\*** please delete as appropriate

​I agree to Joanna Roberts liaising with other professionals when it is in the best interests of my child.   \* **Yes/no**

I agree to Joanna Roberts using video to record my child when it is necessary for assessment or therapy. \* **Yes/no**

I consent to Joanna Roberts using email to communicate with me and other professionals.\* **Yes/no**

I understand that Joanna Roberts will store and process my child's information as described above.\* **Yes/no**

Name of child:       Dob:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of parent/ guardian) confirm that I have legal parental responsiblity for the above child and agree to these terms and conditions:

Parent/ guardian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give those that you would like me to use to correspond with you.