



Terms and Conditions

1. Charges are reviewed each business year.
2. Mileage is included within the fee, unless the return journey is longer than 25miles from the clinic base (IP14 5HG) as indicated by GoogleMaps. After the 25mile threshold, miles will be charged at 45p/mile.
3. Payment for the first session must be paid, in full, during the session.
4. Payment for subsequent sessions is requested via email invoice at the end of each calendar month and payment must be received within 14 days. This can be paid via cheque, cash or bank transfer. Payment will also be accepted at the time of treatment if preferred. This is reflected in the Privacy Notice.
5. If treatment is being funded by an insurance company, the client will be invoiced for any outstanding balance and payment expected as per Item 4.
6. Cancellation of an appointment or set of appointments must be received by 8pm of the day before. If this notice is not given, you may be charged in full for the session.
7. Cancellation by the therapist for a session will be given as soon as possible, and a new appointment will be organised.
8. Personal information is held and processed in accordance with the GDPR, our Governance Policy and our Privacy Notice. Separate consent is gained in relation to this below.
9. Safeguarding is of paramount importance. Should any safeguarding concern arise, appropriate action will be taken without hesitation.
10. The therapist works in accordance with professional guidelines from the Royal College of Speech and Language Therapists. As such, the therapist is requested to offer appropriate therapy, and cease treatment if it is unnecessary.

Consent & Authorisation

- I have read, understood and agree to these terms and conditions of service.
- I have read, understood and agree to the Client Privacy Notice, giving consent for the collection and use of my personal data as laid-out in this Notice.
- I give consent for you to notify and share information directly with the NHS SLT, other involved health professionals, relevant education staff and my parents/carers of your service involvement.
- I give consent to be invited to use the ClassDojo App for communication between us.
- I understand that although every effort is made to maintain data security, some communication systems such as email and post cannot be entirely secure.

Signature of patient/parent/guardian _____

Date _____ Relationship if not patient _____