Talking and Listening, Together

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Agreement and Consent Form for Speech Language Pathology Services

Our Practice

S.P.E.E.C.H Pty Ltd is an independent private practice under the joint directorship of Anne Walker and Karyn Johns. Speech Language Pathologists who work for S.P.E.E.C.H. Pty Ltd are members of the Speech Pathology Association of Australia (SPA) and participate in the Professional Self-Regulation program for ongoing education and professional development. As members of SPA all speech pathologists read understand and apply the Code of Ethics (2010). Further details about the Code and any other information about the business and its services is located at www.speechforkids.com.au. Alternatively, you may contact them by writing to: PO Box 4964 Robina Town Centre, 4230, or emailing karyn@speechforkids.com.au or anne@speechforkids.com.au

Privacy Policy

You have the right to gain access to the information held by S.P.E.E.C.H Pty Ltd about you or your child. Our Privacy Policy (available at www.speechforkids.com.au) contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

Health Information Collection Statement

S.P.E.E.C.H Pty Ltd needs to collect information about you for the primary purpose of providing quality assessment and treatment services. This information will also be used for the administrative purposes of running the practice such as billing you or through an insurer, charity organisation or another funding body. Information will be used within the practice for handover when another speech pathologist will be providing you with ongoing assistance.

S.P.E.E.C.H Pty Ltd takes all reasonable steps to ensure that information collected about you is accurate, complete and up to date. However, if you do not provide relevant personal or health information, in part or in full, to the therapist it may result in incomplete assessment. This may impact on the diagnosis and the following therapy that is provided. Therapists may disclose information regarding diagnosis or treatment to your doctor or others (teachers/therapists) via mail, phone and/or email only with your consent. We do not disclose your personal information to overseas recipients.

Information and client files are stored securely and only practice staff have access to it. You may have access to your information on request and if you believe that any of the information is inaccurate, we may be able to amend it accordingly. Any concerns that you may have about this policy or about your management can be directed to either Anne or Karyn at the contact details listed above.

Fail to Attend and Cancellation Policy

S.P.E.E.C.H Pty Ltd utilise a practice management system that provides emails and text reminders about appointments. In the event that an appointment is missed, without any contact with the therapist, a fee needs to be charged to cover the time spent preparing and waiting for the session. This charge will be 50% of the consultation fee to a maximum of $90. Families are asked to contact their therapist as soon as possible to advise of any change in appointments or an inability to attend. A late cancellation fee of $45 will apply for cancellations made on the day of the appointment.

Fee Schedule

Service fees are based on an hourly rate of $180. A **standard consultation session** of 45 minutes is $135.

Account Payment

Invoices can be paid via cash, funds transfer or EFTPOS, including credit card payments (authorisation form must be signed). Paid invoices can be presented to health funds or in the case of a GP management plan to Medicare for rebates. Payment is required within 14 days. Overdue accounts attract a fee of 10%. Remaining up to date with fee payments is required to ensure continuity of appointments.

Consent

I _____ (parent/guardian), have read the above policy information regarding privacy, attendance and service fees. I understand the reasons for collecting the information about my child _____ (child's name) and the ways in which the information may be shared. I understand that it is my choice as to what information I provide, and that withholding or falsifying information might act against the best interests of my child's assessment and therapy progress. I am aware that I can access my child's personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I understand that the practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

Signed …….. Date ……

Contact Details

Name of Child: _____ D:O:B:_____

Name of Parent/Guardian: _____

Address: _____

Phone: _____ Email address: _____