

## **Terms and Conditions of Service - Adult**

**Profluence Ltd**

**Sarah Ellison**

Independent Speech and Language Therapist  
BSc Hons, MRCSLT, MASLTIP, HCPC Registered  
Company Number: 08316794

I (Sarah Ellison) am a qualified Speech and Language Therapist with extensive experience – 20 years of which was in the NHS. In addition to these Terms and Conditions of Service, you should also read the Profluence Ltd Privacy Notice (e-mailed to you) and the full Privacy Policy (e-mailed to you and also available on [www.profluence.co.uk](http://www.profluence.co.uk)) so that you know and understand what information will be collected and how this information is used.

### **Initial Assessment Appointment**

The first appointment of up to 90 minutes will consist of finding out about you and your communication history. An assessment will be carried out - which may be done informally through conversation/rating scales, or through a standardised, formal assessment. At the end of the session I will discuss how together we can best help you. It may be that some further in-depth assessment is needed or that we can start therapy straight away in the next session. I will sign post or refer you to other professionals if necessary and only with your permission. The price of the initial appointment includes a report detailing initial findings, which will be completed within ten working days of the initial assessment appointment – unless further assessment is required.

If you have recently seen or are currently seeing a Speech and Language Therapist privately or in the NHS, it is advisable that I liaise with them in order to best help you and so that assessments are not duplicated.

### **Therapy Sessions**

Therapy sessions of up to 60 minutes each will be tailored to your needs as determined by the assessment information and results obtained in the initial appointment(s). Usually weekly or fortnightly sessions are the most beneficial initially. All required therapy materials will be provided for you. Between sessions, you will be required to practice activities and take on board advice and strategies in order for us to make the greatest amount of progress possible. I strive for sessions to be relaxed, whilst maximising productivity.

### **Payment**

Payment by bank transfer (BACS) is my preferred method of payment. Other payment methods are available if required. An invoice/receipt will be provided for each transaction.

I will always seek your permission prior to carrying out any additional work (e.g. attendance at meetings or extra reports etc) that will incur extra fees.

## **Health Insurance**

If you are claiming fees through private health insurance, you will need to pay my fees in full (as above) and then claim it back through your insurance. It is recommended that you check with your insurance company prior to booking appointments that you are covered.

## **Cancellations**

In the event of sessions needing to be cancelled by Profluence Ltd due to unforeseen circumstances, as much notice as possible will be given and the session rearranged at the earliest opportunity. I understand that there may be situations such as illness or family circumstances which mean you need to cancel an appointment at short notice. Please contact me as soon as possible to let me know – by call or text on my work number: 07934 677750.

## **Missed Appointments**

If you do not attend an appointment and haven't cancelled it beforehand, the full cost of the session will apply.

## **Use of Video and Telehealth (Online) Sessions**

Some assessment and therapy techniques involve the use of video to record your interactions. Please see the Privacy Policy for further details.

Where Telehealth (online) sessions are required, 'Zoom' is used. Please see the Privacy Policy for further details.

## **Electronic Communication**

E-mail, text messaging and Zoom are not deemed to be 100% secure methods of communication but they are very convenient to use. Please see the Privacy Policy for details of possible usage.

## **Discharge Criteria**

You are free to withdraw from treatment at any time. The therapist may also withdraw treatment and discharge you for a variety of reasons. Please see the Privacy Policy for further details.

## **Review of Terms, Conditions and Fees**

This document and the fees payable to Profluence Ltd will be reviewed as required. A minimum of 30 days' notice will be given to existing patients of any significant changes.

## **Complaints**

If you are unhappy with any aspect of the service provided to you by Profluence Ltd, please contact Sarah Ellison to discuss your concerns. Every attempt will be made to resolve the issue through discussion. Concerns about any independent Speech and Language Therapist can be directed to ASLTIP ([www.helpwithtalking.com](http://www.helpwithtalking.com)) or HCPC ([www.hcpc-uk.org](http://www.hcpc-uk.org)).

## **Signed Confirmation**

I understand that I can ask questions before signing these Terms and Conditions	*YES/NO
I have read the above Terms and Conditions and agree to them	*YES/NO
I have received a Profluence Ltd Privacy Notice and understand the content	*YES/NO
I have been made aware of the Profluence Ltd Privacy Policy	*YES/NO
Are you having any other private/NHS Speech and Language Therapy input currently?	*YES/NO/NA
Have you ever had any other private/NHS Speech and Language Therapy input?	*YES/NO/NA
I understand that Profluence Ltd will liaise with other professionals (e.g. GP, Consultant, private or NHS Speech and Language Therapist) when it is in my best interests – both spoken and written information	*YES/NO
I understand that Profluence Ltd will send a copy of my initial report and discharge report to my GP	*YES/NO
I understand that Profluence Ltd may use video recordings	*YES/NO
I understand that Profluence Ltd may use Telehealth (online) sessions (via 'Zoom')	*YES/NO
I understand that Profluence Ltd may use e-mail as a form of communication	*YES/NO

**\*Please circle your answer**

Please sign both copies so that one can be retained by Profluence Ltd in your clinical record.

**Signed:**

**Printed Name:**.....

**Date of Birth:**.....

**Date:**.....

Please provide the e-mail address(es) you would like me to use in correspondence with you:

E-mail(s).....

Sarah Ellison – Independent Speech and Language Therapist  
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