

Terms and Conditions of Service – Primary School Child

**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, please also read the Profluence Ltd Privacy Notice (provided for you) and the full Privacy Policy (which is available at the school office and on www.profluence.co.uk) so that you know and understand what information will be collected and how this information is used.

Use of Video and Telehealth (Online) Sessions

Some assessment and therapy techniques involve the use of video to record your child and their interactions with you. 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.

Signed Confirmation – please sign over the page

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
Is your child having any other private/NHS Speech and Language Therapy input currently?	*YES/NO/NA
Has your child 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, private or NHS Speech and Language Therapist, teaching staff, Consultant Paediatrician, Health Visitor, Audiologist) when it is in my child’s best interests – both spoken and written information	*YES/NO
I understand that Profluence Ltd will send a copy of my child’s initial report and discharge report to their 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 child's clinical record.

Signed:



Printed Name:.....

Child's Name:.....

Child's Date of Birth:.....

Your Relationship to Child:.....

Date:.....

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

Email(s).....

Sarah Ellison – Independent Speech and Language Therapist
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