

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 we will collect and how this information is used.

Use of Video

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.

Electronic Communication

E-mail, text messaging and Skype are not deemed to be a 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 your child from treatment at any time. The therapist may also withdraw treatment and discharge your child for a variety of reasons. Please see the Privacy Policy for further details.


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, Consultant Paediatrician, Audiologist, Teaching Staff, other private or NHS Speech and Language Therapists) 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 e-mail as a form of communication	*YES/NO

***Please delete as appropriate**

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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