**Welcome Pack**

Hello,

Thank you for enquiring about Speech and Language Therapy with Magic Words. We are delighted to enclose our service information and to welcome you to our service.

If you wish to go ahead with booking an appointment for assessment and/or therapy, please complete and return the following :

* A signed consent form
* A signed copy of the terms and conditions (price list and appointment types listed here)
* A signed copy of the parental responsibility form (if client aged under 16)

**These will need to be completed and returned before we can arrange an initial appointment.**

You can complete the forms on your computer and email them back (you can use SignRequest.co.uk to submit a free online legally binding signature on the documents) or alternatively scan and email them back. If you are unable to complete and return the forms electronically you can post them to the address below.

Please note: as a busy clinic we cannot always guarantee to provide regular therapy sessions immediately, but will do everything within our power to make your wait as short as possible.

For your information, we have included 'How to Find Us' and our Privacy Policy.

If you have any further questions, please contact us using the details at the foot of this letter.

Yours faithfully,

Danielle Allen  
Service Administrator

**Specialist & Complex Needs Service - Terms and Conditions**

Thank you for your enquiry about our specialist & complex needs service. If you have any questions about any of the below please do not hesitate to contact us. If you would like to arrange an appointment, please sign and date this form and return it to us.

|  |  |
| --- | --- |
| **Type of Service** | **Price** |
| **Short Phone/ Skype / Outreach consultation**  This is to help you work out if therapy is the right option for you and to find out more about what can be achieved. | **Free, but mileage may be charged on outreach consultations** |
| **Initial Assessment \***  These last up to 2.5 hours.  The client’s needs are assessed in both the community and education setting.  The price includes a detailed report with strategies, recommendations and therapy goals.  The assessment may consist of both formal and informal assessment, liaison, background reading and observations, dependent on the needs of the individual. | **£320** |
| **Therapy session of up to 1-hour**  The therapist will work with the client on the therapy goals.  We involve parents / carers / education staff in the therapy sessions, providing feedback and showing them how to work on the goals in between sessions. | **£90** |
| **Further Therapist Time**  Sometimes further therapist time is requested by clients for things like designing home / school programs, attending meetings, writing detailed reports, reading other MDT reports, making AAC resources (e.g. Grid3). | **Flat hourly rate of £90** |
| **Legal, Tribunal & EHCP Assessments**  Detailed assessment & report. | **£450** |
| **Further Therapist Time for Legal, Tribunal & EHCP work**  For example: reading the tribunal bundle, gathering information for solicitors, attending the tribunal as a witness. | **Flat hourly rate of £90** |
| **Travel for outreach visits 45 pence per mile or £90 per hour where travel time exceeds 30 minutes each way.** | |

***\* Occasionally additional therapist time may be required for completion of assessment. This will always be agreed with the client in advance and will be billed at the flat hourly rate listed above.***

**Payment**

Clients will be invoiced monthly. Invoices to be paid by cash, cheque or direct transfer (account details available on request) within 7 days of invoice date. An administration charge of £15 will be incurred for late payment. Clients using private medical insurance are responsible for settling the invoice and then claiming from the company concerned. Please ensure you check that speech therapy is covered by your insurance before commencing sessions.

**Cancellation**

Appointments cancelled at less than 24hrs notice may be charged at the full rate (less travel costs). Parents may choose to withdraw a child from therapy at any time, however at least a week's notice would be appreciated. We will endeavor to keep all appointments, but no liability can be accepted for inconvenience/expense if unforeseen circumstances mean arrangements have to be cancelled or changed.

**Liaison**

In cases where a client is also receiving therapy from the NHS, we will liaise with the NHS therapist only with your signed permission. It is highly recommended that you give your consent to ensure that therapy targets are not contradictory and to ensure effectiveness of therapy.

**Confidentiality**

Information shared during the course of assessment and therapy will be used only for the purpose for which it is given, and not released to other agencies without prior consent. However, if we are concerned about your child’s welfare at any time, we are obliged to follow our professional code of conduct and pass on information to the relevant other agencies, on a need-to-know basis.

Please refer to our Privacy Policy on our website,[www.magicwordstherapy.co.uk](http://www.magicwordstherapy.co.uk/) for further information about the data we hold under the General Data Protection Regulations (2018)

**Video**

Video recordings are an important therapeutic tool. Before videoing a client, the client’s signed permission will be obtained. The video will be destroyed following the conclusion of therapy.

**Acceptance**

I have read and agree to the above terms and conditions:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to assessment and therapy**

|  |  |
| --- | --- |
| Client’s Name: | Date of Birth: |
| Address:  Postcode: | Home tel:  Mobile tel:  Email: |
| School: | School tel: |

IF CLIENT UNDER AGE OF 16:

|  |  |
| --- | --- |
| Mother’s name: | Father’s name: |
| Child resident with (please delete):  both parents / mother / father / guardians | Names and ages of siblings: |
| GP name: | GP Address: |

|  |  |
| --- | --- |
| Home language: | Length of time learning English: |

|  |
| --- |
| Known medical diagnoses (including vision, hearing, general development etc): |

What are your concerns about speech, language and/or communication:

**By signing below you are consenting to the following:**

**Other professionals and settings**

* The therapist will liaise with any NHS therapist involved as appropriate, including sending them a copy of initial assessment and review reports.
* The client will be seen in clinic, home or school by a speech and language therapist employed by Magic Words Ltd for the purposes of assessment, advice and/or therapy related to their speech, language and communication difficulties.

**Sharing Information**

* The therapist will share reports with any other professionals involved including school, Educational Psychologists, GP etc.
* In the case of separated or divorced parents/guardians, it is our company policy to share information concerning all assessments and therapy with all parents/guardians who have parental responsibility.

**Video**

* In some instances the client may be videoed or photographed for therapeutic purposes e.g. to record their speech before and after therapy. Any such videos or photographs will make up part of your child’s medical file and will be destroyed following the conclusion of therapy.

**General Data Protection Regulation 2018**

* The client’s data will be stored in accordance with our privacy policy (enclosed).

I confirm that the information given above is correct to the best of my knowledge and that I consent to the above.

Signed:   
  
  
(to return the form by email you can simply type your name here, you will then be sent an ‘e-sign’ request for a legally binding signature)

Relationship to child (if client under 16):

Date:

**PARENTAL RESPONSIBILITY**

Parental responsibility means the legal rights, duties, powers, responsibilities and authority a parent has for a child and the child’s property. A person who has parental responsibility for a child has the right to make decisions about their care and upbringing. Important decisions in a child’s life must be agreed with anyone else who has parental responsibility.

**BIOLOGICAL MOTHERS -** Automatically have parental responsibility for their children.

**MARRIED FATHER/PARTNERS -** Automatically have parental responsibility and do not lose it, even on divorce.

**UNMARRIED FATHERS/PARTNERS -** Do not have automatic parental responsibility but may obtain it by: marrying the mother; having their name registered or re-registered on the birth certificate (see below); making a parental responsibility agreement with the mother; obtaining a parental responsibility order from the Court; Obtaining a residence order from the court, or Becoming the child’s guardian.

**UNMARRIED FATHERS** will, after December 2003, have automatic parental responsibility for their children if they have registered as the father (Children’s Act 1989, s.4 and Births and Deaths Registration Act 1953, s.10). If a child was born before 2003, and the father was not named on the birth certificate , that child can be re-registered and the father named

Once this has been done, the father will automatically have parental responsibility.

*In the case of separated or divorced parents/guardians: it is our company policy to share information concerning assessments and therapy with* **all** *parents or guardians who have parental responsibility.*

*Where one parent/guardian* has had parental responsibility removed by the court**,** you will need to provide evidence, such as a court order.

* Only the person with parental responsibility can legally give consent for your child’s therapy.
* When someone other than the person with parental responsibility takes your child to an appointment (i.e. grandparent, childminder), we need to be assured that they have parental consent to do so. A note signed by the person with parental responsibility or giving verbal consent at the previous appointment would be required.

**PARENTAL RESPONSIBILITY ctd….**

**Please provide the names of all those that hold parental responsibility for the client:**

**Name…………………………. Signature…………………….. Date……………**

**Name ………………………… Signature ……………………. Date…………….**

(You can simply type the names above, you will then be sent a SignRequest for a legally binding e-signature)

**Privacy Policy**

Your privacy is vital to us. At Magic Words Therapy Ltd we abide by some fundamental principles:

* We only ask for personal information when it is necessary for providing our service to you.
* We only share your personal information to comply with the law or with other Multi-Disciplinary Professionals involved such as GPs, Educational Psychologists and/or school staff with your consent.
* Personal information is kept only in encrypted and password protected software applications and is deleted from hardware and email servers.
* We aim to make it easy for you to amend details that we hold about you.
* We will only contact you to discuss therapy related issues, resolve invoicing issues or occasionally to let you know about relevant upcoming speech and language therapy related clubs and training courses, we will make it as easy as possible to unsubscribe from future emails.

At Magic Words Therapy Ltd we process data under the legal basis of legitimate interest of providing a speech and language therapy service and associated training courses. Processing is carried out in the course of our legitimate activities with appropriate safeguards by our organisation and on condition that the processing relates solely to the clients/members or to former clients/members of our organisation who have regular contact with us in connection with our purposes and that the personal data are not disclosed outside of our body without the consent of the data subjects.

**Client privacy**

All clients will read and sign our Terms and Conditions and Terms of Service. All of the information collected is deemed necessary to provide a competent Speech and Language Therapy service to you. Your details will not be shared without your consent and you will only be contacted with regards to assessment, therapy or occasionally upcoming Speech and Language Therapy events relevant to you. Your email will be kept safe and will not be used for spam. It will be made easy to unsubscribe from future emails.

**Gathering of Personally Identifying Information**

Information is gathered via our Case History Questionnaire form completed and signed before a client is taken into our Duty of Care. We do not store any financial information or card details. Invoice payments can be made via *Paypal* or *GoCardless* who are responsible for safeguarding your financial details.

**Storage of Personally Identifying Information**

All personal information gathered from clients forms part of their health record and is securely stored using encrypted cloud based software. Contact information is also kept securely via cloud based accounting software in order to issue and keep track of client invoice payments. As a medical record Magic Words Therapy Ltd must comply with Health and Care Professionals Council guidelines and must securely store the records until 7 years after treatment OR in the case of a paediatric client, the client reaches the age of 25. Following this period the records will be deleted. Magic Words Therapy complies with the Data Protection Acts 1998 and 2003 and with the EU General Data Protection Regulation and no personally identifying information is disclosed or shared without prior consent. Magic Words Therapy Ltd takes all measures reasonably necessary to prevent unauthorised access, use, alteration or destruction of potentially personally-identifying and personally identifying information.

**Request for information**

Clients and client’s legal representatives have the right to request all information held about them on our systems. Magic Words Therapy will respond to all such requests within 30 days. Requests should be made in writing and addressed to Eleanor Harris, Director.

**Data Amendments**

All clients have the right to correct any data held by us, including personal details on reports or other documents. Please submit all such corrections in writing to your treating therapist. It is the client’s responsibility to ensure that we have up to date address and contact details and to notify us of any changes immediately.

**Website Subscriptions**

We do not gather personally identifying information from our website, however website visitors are able to subscribe to our mailing list via our website. Email addresses are stored securely via encrypted cloud based software. Visitors’ emails will be kept safe and will not be used for spam. It will be made easy to unsubscribe from future emails.

**Aggregated Subscriptions**

Statistics about website visitor behaviour may be collected by Magic Words Therapy such as monitoring the most visited web pages, however this information will not contain personally identifying information and will only be used internally for website development purposes.

**Privacy Policy Changes**

Our Privacy Policy will be stored on our website. There may be minor changes from time to time at our discretion. You are encouraged to frequently check this page for any changes to our Privacy Policy.

**Data Protection Officer**

Magic Words Therapy Ltd are the data controller and Eleanor Harris is the allocated Data Protection Officer. You can make a complaint about control of your information to Eleanor Harris by email [eleanor@magicwordstherapy.co.uk](mailto:eleanor@magicwordstherapy.co.uk), or you have the right to complain to the Information Commissioner’s Office.

**How to find us**

*Newport Pagnell Clinic and Head Office*

1 Bassett Court

Newport Pagnell

Buckinghamshire

MK16 0JN

Tel: 01908 614479

*There are a few car spaces at our clinic and there are two nearby long-stay car parks.*

(2 minute walk) (6-8 minute walk)

Station Road Car Park Newport Pagnell Medical Centre

Station Road Queens Avenue

Newport Pagnell Newport Pagnell

MK16 0AG MK16 8JS

*St Albans and Elstree Clinics*

*The Elms Consulting Rooms*

24 Hall Place Gardens

St Albans

Hertfordshire

AL1 3SF

*Parking: there is parking onsite.*

*London Clinic*

TBC – Please contact office for up to date address

*Cambridge Clinic*

The Meadows Community Centre

 1 St Catherine's Road

 Cambridge

 CB4 3XJ

N.B. Please call the NEWPORT PAGNELL CLINIC AND OFFICE directly about appointments as our Magic Words admin team manage all of our bookings