

SERVICE AGREEMENT AND CONSENT

PARTIES

This Service Agreement is for _____ (participant’s name).

This Service Agreement will commence on _____ (day/month/year)

SUPPORTS

Little Star Speech Therapy agrees to provide the participant speech pathology consultation/assessment/treatment. All prices are GST inclusive and include the cost of providing the support. Administration time (writing session notes, delivery of homework etc..) is included in the therapy session time.

TRAVEL COSTS

ONLY for Off-site Travel

Please note: Price is to be calculated based on minutes from **the clinic**.

Time from previous location of clinician	Fee (Inclusive of GST)
5 mins	\$16.17
10 mins	\$32.33
15 mins	\$48.50
20 mins	\$64.67
25 mins	\$80.83
30 mins	\$97.00

ALLIED HEALTH ASSISTANT (AHA)

Little Star Speech Therapy engages Allied Health Assistants (AHA’s) to provide speech pathology services to clients at a reduced rate. AHA’s are students who are under the guidance of a full practicing speech pathologist.

- We will discuss the possibility of an AHA with you prior to any appointments booked (if an AHA is available)
- A reduced hourly rate will be charged (45 min face-to-face, 15 min admin)
- There is no obligation for the client to see an AHA

RESPONSIBILITIES OF THE PROVIDER/THERAPIST

The provider/therapist agrees to:

- Review the provision of supports on a monthly basis (if required)
- Provide supports that meet the participant’s needs at a set time and day and frequency of visits (weekly etc..)
- Communicate openly and honestly in a timely manner
- Treat the participant with courtesy and respect

- Consult the participant on decisions about how supports are provided and location
- Give the participant information about managing complaints or disagreements (see privacy policy)
- Listen to the participant's feedback and resolve problems quickly
- Give the participant notice if the provider has to reschedule/change a scheduled appointment
- Give the participant notice for ending the Service Agreement (4-week's notice)
- Protect the participant's privacy and confidential information (see Little Star Speech Therapy's privacy policy)
- Issue regular invoices delivered to the participant.

RESPONSIBILITIES OF THE PARTICIPANT (OR REPRESENTATIVE)

The participant (or representative) agrees to:

- Inform the therapist about how they wish the supports to be delivered to meet the participant's needs
- Treat the therapist with courtesy and respect
- Talk to the therapist if the participant has any concerns about the supports being provided
- Pay the fee for the support delivered (consultation, assessment, treatment, report writing) immediately after the appointment is completed (EFTPOS, CASH payments, bank transfer the same day)
- Accompany the participant to all therapy sessions
- Wait for the participant in treatment room/waiting room until therapy supports have completed
- Deliver home practice with the participant on a daily basis (or as negotiated between the therapist and participant's representative)
- Give the provider/therapist notification if the participant needs to end the Service Agreement (2-week's notice).

EMERGENCY OR DISASTER ARRANGEMENTS

- In the event of an emergency or disaster (ex. natural disaster, human-caused disasters, other incidents including pandemics) and the client is unable to access face-to-face supports, we will strive to ensure continuity of supports for the client.
- Modification of supports: the location of the support delivered may be changed from in-clinic to other locations including the client's home or Telehealth methods (ex. Zoom appointments).

BOOKING FEE FOR INITIAL ASSESSMENT OR INITIAL CONSULTATION

A non-refundable booking fee of **\$50.00** will be immediately charged when an initial assessment or consultation has been booked-in with a clinician. The fee will be applied against the total cost of the initial appointment.

CANCELLATIONS AND “NO SHOWS” FOR APPOINTMENTS

If a participant books an initial assessment or initial consultation and does **not show or cancels** the appointment, there will be no refund of the booking fee. If the participant needs to reschedule the initial appointment, Little Star will apply the change once.

If a participant is unable to attend their scheduled treatment appointment time and date, please notify the therapist immediately.

Cancellation for In-Clinic or Zoom Treatment Session: If a participant makes a short-notice cancellation, which is after 3pm the day before the service, the provider will charge a **cancellation fee of \$75.00**.

If a participant is unwell and a doctor's certificate is provided to the clinic within 48 hours, the cancellation fee will be completely waived.

Cancellation for Off-Site Treatment Session: If a participant makes a short-notice cancellation, which is after 3pm the day before the service, the provider may charge a cancellation fee of **100%** of the agreed session price (excluding travel).

If a participant misses 3 consecutive appointments without proper notification or proof (i.e. doctor's note, etc...), this could result in the termination of the Service Agreement.

CONSENT AND PRIVACY

Little Star Speech Therapy will need to collect information about your child for the primary purpose of providing quality treatment. In order to assess the communication skills of your child, we need to collect some personal information from you about your child. This information will also be used for administrative purposes, running the practice, billing or speaking to another professional.

Little Star Speech Therapy may disclose information regarding the child's assessment diagnosis and/or treatment progress to your child's doctor or other professionals **only with your consent**.

Our Privacy Policy contains information on how you may request access to, and correction of, your child's personal information and how you may complain about a breach of your child's privacy and how we will deal with such a complaint. The Privacy Policy is available upon request.

Information regarding your child's speech and/or language is located at the premises of Little Star Speech Therapy and is stored securely. Only practice staff has access to the information.

Little Star Speech Therapy takes all reasonable steps to ensure that information collected about your child is accurate, complete and up to date.

It is important to provide all relevant personal or health information (about your child), in part or in full, to Little Star Speech Therapy to result in accurate assessment.

AGREEMENT, SIGNATURE AND DATE

- I have read, understood and agree to the terms and conditions as listed above

- I acknowledge that I have read, understood and agreed to the Cancellation and ‘No Show’ policy.

- I agree to my child being occasionally observed by a Little Star Director, Clinical Educator or Senior Clinician for quality improvement purposes and staff supervision.

- I am happy to be offered the option to work with an AHA (student) charged at the lower rate.

NAME SIGNATURE

DATE