



SERVICE AGREEMENT

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 supports.

TRAVEL COSTS

ONLY for Off-site Travel

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

| Time from clinic (as per Google) | Fee |
|---|------------|
| 5 mins | \$10.00 |
| 10 mins | \$15.00 |
| 15 mins | \$20.00 |
| 20 mins and above | \$25.00 |

Please note: 30 min sessions AND fortnightly sessions not offered for off-site clients

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



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- Give the participant notice for ending the Service Agreement (4-weeks 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)
- 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-weeks notice).

CANCELLATIONS AND "NO SHOWS" FOR APPOINTMENTS

If a participant is unable to attend their scheduled appointment time and date, it is important to notify the therapist immediately to reschedule the session (if available).

Cancellation for In-Clinic 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 \$75.00.

The fee will not apply if the client is able to reschedule to another time during the week.

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 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 **90%** of the agreed session price (excluding travel).



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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, understand and agree to the terms and conditions as listed above.

NAME

SIGNATURE

(DATE)