

CAROL BRENNER
Practice Number: 8214824
B.A. (Sp & H Therapy) Wits
M.A. (Speech Pathology) Wits
HPCSA No.: STA0017892
EMAIL: carol@speechies.co.za
CELL: 083 279 6443

ANEESAH KADER
Practice Number: 0820000622583
B.A (Sp & H Therapy) Wits
HPCSA No.: STA0034355
EMAIL: aneesah.kader@gmail.com
CELL: 083 948 2860

TERMS AND CONDITIONS OF THERAPY

Carol Brenner and Associates (The Practice) is an association of registered Speech-Language Therapists and Audiologists (The Therapist). Being a patient / client at the practice under the treatment of a therapist means that you are subject to the following:

1. Assessment

A FULL assessment includes the following as is required, on pre-agreed dates:

- Intake Parent meeting: this is usually done before the initial assessment of the child, at the same appointment or with the parent feedback appointment.
- Assessment of your child: a range of age appropriate standardised and play-based / criterion referenced assessments are used. The duration of the assessment depends on multiple factors such as age, response to assessment tasks and the assessments that need to be completed (usually between one and a half and three hours - may be broken up into multiple sessions if needed).
- Teacher consultation (if your child is attending school or a playgroup): this is necessary to understand how your child functions in different environments and may be in person or a telephonic consultation, before or after the initial appointment.
- Feedback parent meeting: it is preferable that both Parents attend this meeting. The results of the assessment are discussed in detail and recommendations are made based on the assessment findings. This appointment is arranged within 7-10 days from the assessment.
- Written Report

Initial ____

The assessment invoice will be emailed to the parents / guardians after the assessment of the child has been completed. **PAYMENT IS DUE ON RECEIPT**. The assessment report will not be emailed and consequent therapy, if required, will not commence until payment is made in full.

2. Therapy

a. Therapy consists of a carefully planned and graded treatment for your child. Please remember that:

- The duration of therapy cannot be determined beforehand. Speed of progress is dependent on each individual child, the severity of the identified concerns, and the consistency of sessions.
- As regular attendance at therapy is critical to obtain optimal results, cancellations will only be accepted for bona fide inability to attend the scheduled sessions. Except for unforeseen circumstances, cancellations must be made 12 hours in advance. If seen at school, please notify the therapist by 7.00am in the morning if your child will be absent from school on their scheduled day of therapy. Clients will be charged for appointments not cancelled in time.
- Should a scheduled session need to be cancelled it is advised that it is made up, as far as possible.
- Generally, the time a child spends in therapy can be reduced by the completion of activities at home (as recommended by your therapist).

b. Appointment times should be strictly adhered to, as the therapist does not accept responsibility for the client's welfare except during therapy times. Sessions starting late due to late arrival of the client may not be extended. While all precautions are taken to ensure the safety of our clients, no therapist or any other person on the premises may be held responsible for any injury or other mishap (including loss or damage to property) be it inside or outside the therapy rooms, caused by accidents or any other reason.

c. At the discretion of the therapist, therapy may be terminated following consecutive failures to attend therapy sessions without cancellation.

d. One month's notice is required, should the decision to terminate therapy be made by the guardian of the client, and not the therapist. Should the guardian / client terminate therapy against the therapist's recommendation the client accepts full responsibility for any negative consequences which may arise.

Initial ____

- e. No client may be receiving speech-language therapy from another speech-language therapist without the prior knowledge of the therapists.
 - f. On occasion video recording of sessions for clinical use is made in the practice. The material recorded is only for clinical advancement and documentation of baselines / progress in therapy and explanation of home programmes- sent to parents securely. *Please indicate clearly on the line below if you have any objection to the therapist videoing your child in therapy.*
-

- g. No client may video, or audio record the therapist without consent and prior permission.

3. Parent / Guardian Contact and Home programmes

- a. Parents are encouraged to discuss their child's progress with the therapist. Regular contact will be maintained verbally or in writing (at least once a month). Please feel free to contact the therapist via email or the chosen therapy application to discuss any matters relating to your child.
- b. Home programmes or exercises are used as part of the remediation process for speech, language, learning or feeding challenges. Please ensure these are followed as advised by the therapist, to expediate progress in therapy.

4. Confidentiality and Express Consent:

- a. Every person that receives therapy in the Practice has the right to confidentiality (this means to have your personal information kept private, even from family members and other significant individuals, e.g., educators, the school). The Practice takes the protection of personal information seriously as required in terms of the Protection of Personal Information Act No. 4 of 2014 ("POPIA", as may be amended or substituted from time to time), as well as in terms of our role as health care provider. Your and our rights and obligations are set out in the **Privacy Notice** which you **acknowledge, understand, and accept** and which is available to read on our website: www.speechies.co.za. These can be emailed to you by your therapist, at your request.

Initial ____

- b. Nothing that you share with your therapist will be passed on to anyone, unless you agree that your information can be shared (e.g., with a schoolteacher or any other person/entity involved with assisting your child).

As a team approach to treatment is endorsed by this practice and we feel this is in the best interest of the client, please indicate clearly on the line below if you have any objections to the therapist liaising with other professionals involved with your child.

- c. The law on medical aids forces the Practice to provide certain information to the medical aid. Your invoice will therefore include personal information, specific treatment codes and diagnostic codes.
- d. When we receive an order from a court to disclose your information, or when a specific law (legislation/regulation) makes it compulsory to report things such as child abuse/neglect, we have no choice but to provide it.

5. Fees

- a. Therapy Accounts are issued on the last therapy day of the month or around the 25th and should be paid upon receipt of the statement. Payments may be made in cash, or direct transfer into the therapist's bank account.
- b. The person responsible for payment of the account must do so before submission of the account to the medical aid. In exceptional circumstances it may be agreed to by the therapist to submit the account to the medical aid on the client's behalf. The client remains responsible for the payment of the account if not settled in full by the medical aid.
- c. Accounts which are thirty days in arrears may be subject to a five percent (5%) interest on the amount payable.
- d. Fees are generally set at the beginning of the year but may be altered from time to time. One month's notice will be given before an alteration to the scale of fees is brought into effect.
- e. As per the Speech-Language Therapy Professional Board: individual and group therapy sessions, written reports, feedback sessions, and consultations with guardians and other professionals involved with the case are all billable. Please see the attachment with the current fees and therapy codes.

Initial ___

6. Domicilium Citandi et Executandi and Jurisdiction:

The respective parties choose as their *domicilium citandi et executandi* for the purposes of legal proceedings and for the purposes of giving or sending any notice provided for or necessary in terms hereof, **the addresses and email addresses as set out within their details provided on the case history form completed.**

Any notices, formal communication, and/or process (whether legal or otherwise) may be sent to the email addresses provided (or updated from time to time in writing) and where sent, shall be deemed to have been received and read by the recipient twenty-four hours after the email was sent.

The parties consent to the **jurisdiction of the Magistrates Court (or Small Claims Court where applicable) in Randburg for all legal proceedings.**

7. Indemnity, Release and Waiver of Liability:

We recognise that therapy may include active physical movement and feeding which can lead to injuries. We acknowledge that our child will participate at their own risk and by signing this document, we indemnify _____ (name of therapist/s) and their respective employees and representatives working within the Practice from any and all loss, costs, claims, injury, damage or liability sustained or incurred by our child resulting from their participation and / or resulting from any act or omission of any agent, employee or representative of the Practice.

Name of Client: _____

Name of legal guardian 1: _____

Signature of legal guardian 1: _____ **Date:** _____

Name of legal guardian 2: _____

Signature of Legal guardian 2: _____ **Date:** _____

PLEASE REMEMBER TO INITIAL EACH PAGE