



Lauren Davisson

Speech-Language Therapists

PR #: 082 001 0607959

Speech Therapy Terms & Conditions

Thank you for utilizing the services of the practice. Please read through the below information so that you are familiar with the therapy process.

Assessments

- The assessment is dependent on your child's needs, difficulties and age. The structure of the assessment will be discussed with you prior to your appointment.
- Assessments usually involve an assessment session/(s), a written report and a feedback session with the parents.
- These are conducted prior to initiating the therapy program and form an important part of the therapy process, enabling the therapist to plan a program adequately based on the child's performance and requirements.
- Should your child not cope with a comprehensive assessment, diagnostic therapy will be conducted where the assessment will be conducted over three 40-minute therapy sessions. A written report will be provided and a feedback session with the parent will be conducted.
- Assessments, parent feedback sessions and reports are charged for accordingly, based on the stipulated rates.

Therapy Program

- Your child's therapy program will be individually developed to target his/her specific needs.
- A time frame for therapy is difficult to establish and is affected by: attendance to therapy, compliance with home programs and stimulability to therapy techniques. You are encouraged to allow your child the necessary amount of time, as recommended by the therapist.
- As the parent/guardian, you are encouraged to be actively involved in the therapeutic process. Regular contact with your child's therapist is encouraged to ensure that you know what therapy is being done with your child. Contact can be made via email/SMS/WhatsApp/telephonic calls (during working hours).
- Punctual arrival is the responsibility of the parent, as any time lost due to late arrival is forfeited and full rates will be charged.
- One month's written notice of termination of therapy is required so that there is enough time to terminate well with your child, as well as prepare for adequate hand-over and referral. A discharge report will be provided when therapy is terminated and will be charged for.
- Therapy sessions can be attended by parents/guardians or other important parties, but only if it does not hinder the therapeutic process.
- Feedback on therapy sessions will occur verbally or electronically and will be charged for.

Reports

- No reports or other confidential information will be distributed without consent from you, the parent/guardian.
- Reports will be provided at your request. Please allow two weeks for these reports to be made available to you. Please note that you will be charged for report writing as per the 820020 billing code.
- If you require a report or letter for another medical professional please inform the therapist at least 3 days prior to the appointment so that a letter can be made available to you.

Confidentiality of Information

- The information exchanged in therapy is treated as strictly confidential by the therapist as well as any other involved professionals. The therapist, however, may divulge information to sources deemed necessary in the interest of the child.
- Your child's personal information will not be shared with anyone else, or any other business (such as an insurance company, your employer, a lawyer) without written consent, except where therapist may be under a legal obligation to do so.
- Your child's records will be kept up until they are 18 years of age or 21 years of age (as special needs child) as per the Patient's Rights Charter. These notes are kept in paper and electronic format. The paper files and notes are stored in a locked cabinet at the practice. Electronic notes are stored in a password protected cloud storage. All attempts are made to ensure that your personal information is protected, and you will be notified in writing immediately should there be a breach. Your personal information required for billing invoices and receipts is kept on SME metrics which is the billing software that the practice uses.
- In many instances the therapist may wish to liaise with other relevant professionals in your child's life.

Billing Policy

- This Practice charges the fees it regards as appropriate in terms of the experience, services and training of the professionals working in the Practice, as well as the cost-base of the Practice. The fees charged are in line with medical aid rates.
- Fees may be increased on an annual basis and you will be notified of this by notice in the Practice.
- Accounts will be sent monthly and will reflect services rendered up to the 25th of the month. All accounts must be settled by the 8th of the following month. Should you not pay your account, we will give you notice of 60 business days, whereafter we will refer your account to an attorney/a debt collecting agency which will attract additional collection- and other fees.
- By choosing this Practice, you consent to us submitting your account to your medical scheme.
- Submitting an account to your medical scheme will result in disclosing the ICD-10 code (diagnostic code).
- If you do not want to submit any particular account to your medical scheme, please let us know.
- In many cases other health facilities, such as hospitals, clinics or other Healthcare Professionals will be involved in your healthcare (or the healthcare of your child). Such facilities and Professionals will charge their own fees in addition to the fees of this Practice if they also render healthcare services to you or your child.
- The Practice reserves the right to terminate non-emergency treatment due to non-payment of accounts. Kindly contact the Practice should you wish to make payment arrangements.
- It remains at all times your responsibility to familiarise yourself with your specific coverage at your medical scheme as medical schemes and plan types differ. It is furthermore your responsibility to inform the Practice in the event of your medical scheme funds being depleted.
- You hereby also declare that if you are not personally the main member of the medical scheme, he/she has been made aware that the account will be submitted to the medical scheme.
- A cancellation fee to the value of the appointment booked will be charged for an appointment not cancelled 24 hours in advance. An Appointment can be cancelled via whatsapp/ SMS/ phone call or email.
- Please ensure that we always have your latest contact details to prevent you from missing any important communication from us. We may contact the person/s indicated on your personal information form if we cannot get hold of you and your account remains unpaid.
- You are encouraged to approach the Practice if you are experiencing problems with the payment of your account.

Indemnity

- While every effort is made to ensure your child's safety, the practice and the therapist cannot be held liable for any loss, injury or accident that may occur during therapy which is attributable directly or indirectly to the therapist. You hereby indemnify and undertake to hold the practice and the therapist harmless against any injury, loss or damage that you or your child may suffer arising either directly or indirectly from therapy or any service provided in terms of this agreement.
-

POPIA Consent

I am aware of the following regarding the practice' POPI Act policy:

- We collect and store the information about you in order for us to adhere to administrative requirements of the practice
- We collect and store information about in or order for us to continually assess, treat and manage your clinical best interest.
- We will use your personal information only for the purposes for which it was collected and agreed with you
- We may disclose your personal information to our service providers who are involved in the delivery of services to you (i.e for billing purposes). We have agreements in place to ensure that they comply with the privacy requirements as required by the Protection of Personal Information Act.
- We will, on an on-going basis, continue to review our security controls and related processes to ensure that your personal information remains secure.
- You have the right to request a copy of the personal information we hold about you.

Treatment Consent

Having read and understood these terms and conditions, by completing the billing details form, you hereby give permission for your child to attend assessment and/or sessions with the speech language therapists working at Lauren Davisson Speech Therapy.

2024 Speech Therapy Rates

We charge medical aid rates and can claim directly from your medical aid.

- **Therapy sessions:**

Procedure Code	Description	Price
821052	30-minute session	R395.00
821052	45-minute session	R510.00
820007	Group Therapy	R304.00

**Sessions include verbal/electronic feedback with teachers and/or parents*

- **Assessment:**

This includes a 1.5 hour assessment, feedback with the parent and a written report.

Procedure Code	Description	Price
821053	Speech therapy assessment 60 mins	R715.00
821051	Speech therapy assessment 30 mins	R306.00
820020	Report Writing	R408.00
821021	Feedback meeting	R306.00
	TOTAL	R1735.00

**Assessments will be charged based on the amount of time spent with your child, if the assessment takes less than 1.5 hours, the rates will be adjusted accordingly.*

- **Feedback meetings:**

Procedure Code	Description	Price
821020	Speech therapy consultation 5-15 mins	R136.00
821021	Speech therapy consultation 16-30 mins	R306.00
821022	Speech therapy consultation 31-45 mins	R510.00
821023	Speech therapy consultation 46-60 mins	R715.00

- **Home programs and reports:**

Procedure Code	Description	Price
820020	Report Writing	R408.00
820009	Preparation of a home programme	R282.00
