

Declaration of Consent and Agreement to Terms of Service:

I understand I can contact Rachel Barton, Speech and Language Therapist before signing the terms of service and declaration if I have any questions

I HAVE SEEN AND READ THE TERMS OF SERVICE FOR RACHEL BARTON SPEECH AND LANGUAGE THERAPY AND HAVE BEEN SIGNPOSTED TO THE PRIVACY POLICY

I GIVE CONSENT FOR TREATMENT

I have referred my child directly to Rachel Barton for independent Speech and Language Therapy Consultation, OR I understand that my child's school has referred my child for Speech and Language Therapy Consultation.

I give consent for Rachel Barton, Independent Speech and Language Therapy to carry out assessment and, if indicated, therapy sessions with my child. This may occur at a clinic base, at school setting or at client's home. This may be carried out by Rachel Barton or an Associate of the practice.

I GIVE CONSENT FOR LIAISON

Professional standards require good liaison and it is good practice, where both an independent and an NHS therapist are involved, for them to work together collaboratively to maximise opportunities for effective therapy to take place. This is also true where there are other professionals involved as well.

I give consent for liaison with other professionals and people relevant to the care of my child to occur.

I GIVE CONSENT FOR DATA STORING AND PROCESSING

All client details, case notes and correspondence will be stored securely and treated confidentially according to General Data Protection Regulations and the Data Protection Act 1988.

For full details and terms see the Privacy Policy

Personal data is an important part of the provision of Speech and Language Therapy to allow us to deliver appropriate speech and language therapy services to your child.

I give consent for Rachel Barton Speech and Language Therapy to hold personal information about my child. I understand that written records of my child are held by

RACHEL BARTON

PAEDIATRIC SPEECH AND LANGUAGE THERAPY

Heswall Consulting Rooms
45 Telegraph Road, Wirral, CH60 0AD
07799653908 slt@rachelbarton.co.uk
www.rachelbarton.co.uk

Rachel Barton Speech and Language Therapy and that these are kept until my child turns 25 years of age. This information may include personal details, details relating to family lifestyle and social circumstances, education and training and employment details. This data may be shared with other healthcare or education professionals with your permission. This information is held in hand written files, on online storage systems and on my computer database. This information is used for the administration of my service to your child and for the purpose of keeping my accounts and records.

I understand that videoing sessions are sometimes used as part of therapy and I give consent for videos of my child to be made. I understand that these will be kept whilst my child is received support from Rachel Barton, Speech and Language Therapy. Following use in therapy they will be destroyed.

I GIVE CONSENT FOR ELECTRONIC COMMUNICATION

I understand that email is not a 100% secure method of communication.

I give consent for email to be used for correspondence with me and other professionals to send letters, reports and other documents.

By signing below, I am agreeing to the terms and conditions and declaring informed consent for treatment, liaison, data storage and processing and electronic communication by Rachel Barton, Speech and Language Therapy.

Signed:

Print Name:

Relationship to child:

Date:

Please give the email address(es) you would like me to use in correspondence with you:

Email(s):.....