

# Data Protection Policy

## Kew Speech and Language

**Diana Waha, BSc Hons, MRCSLT, hcpc, ASLTIP**  
**[diana@kewspeechandlanguage.uk](mailto:diana@kewspeechandlanguage.uk) or 07980 935669**

Diana Waha is registered under the Data Protection Act to hold records for the purpose of providing and administering patient care. (Data Controller & Data Processor)

Registration number: **A8267087**

This statement sets out my policy in relation to the holding and use of information which I may obtain from you or other sources.

I will hold the following information about your child:

*Case history, assessment results, records of assessment and therapy sessions, conversations with parents and other professionals, and copies of reports from other professionals.*

*Information will only be obtained from, or disclosed to, people directly involved with the care of your child. No information will be shared with out informing the client first. Clients are able to specify with whom information is to be shared.*

*All electronic information is protected by two-step verification. All client related documents are protected by end to end encryption.*

*In order to comply with standards of good practice recommended by the Royal College of Speech and Language Therapists, I should notify the local SLT department of my involvement with your child. Parents will be advised of this and their consent sought prior to treatment.*

*Electronic copies of reports and letters are held by me, and are password protected. Hard copies of reports and letters are kept in your child's file. Files are stored securely in a locked filing cabinet.*

*Records will be held post-discharge securely as long as required, then shredded.*

*In the event of a breach of data security I will notify clients and the ICO immediately when I become aware of this.*

*You have the right to request to view data held about you, and to withdraw your consent to the retention of your data. You must give this in writing.*

The full documentation of Kew Speech and Language privacy policy is available on the company website: [www.kewspeechandlanguage.uk](http://www.kewspeechandlanguage.uk)

**You will be asked to sign a copy of this policy to indicate your acceptance, before the commencement of treatment:**

Client's Name:

Name of Parent/caregiver:

Signature:

Date:

# Terms and conditions

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SERVICE	COST
Pre-school and foundation stage communication assessment (this includes one assessment session, necessary liaison with other professionals and report writing)	£200
Speech sound/ phonology assessment (this includes one assessment session, necessary liaison with other professionals and report writing)	£120
KS1 and above communication assessment (year 1 and above) – this includes one assessment session, necessary liaison with other professionals and report writing	£320
Report writing	£80 per hour
Standard therapy session	£80
Short therapy session (only offered when clinically indicated)	£60
Visit to nursery/school	£80 per hour
Attending multi-agency meetings	£80 per hour
SALTA session in nursery	£30
Initial visit to nursery and communication summary	£110
Ongoing nursery sessions	£60
SALTA session in nursery	£30 plus cost of SALTA supervision (on average 120 GBP per term)
Review of communication skills in nursery	£90

Fees include all session planning and note writing. Also, any liaison with education settings or other professionals are included, unless agreed specifically in advance.

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Name of Parent/caregiver:

Signature:

Date:

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### Purpose

Terms and conditions set out the expectations for both the client and the therapist. They make sure that both parties are protected if any disagreements occur. My terms and conditions are written in plain English to keep them easy to read. If you have any queries about these terms and conditions, please discuss them with me before agreeing to them.

- ✓ **Sessions**  
Sessions must be cancelled with at least 24 hours notice or will be charged in full.
- ✓ **Fees**  
Initial assessment will be invoiced following the session and therapy sessions will be invoiced in blocks of three. Immediate payment terms apply to all fees.
- ✓ **Payment timescale**  
All payments are invoiced with immediate payment terms. Prompt payment is appreciated.
- ✓ **Fee changes**  
Fees are subject to annual increases to reflect the cost of living. Existing clients will be given 8 weeks notice of any changes in fees. Fee changes do not affect the price of sessions which have already been booked or invoiced.
- ✓ **Healthcare insurance**  
You **must** inform the therapist if you intend to pay through a health insurance company (e.g. Bupa). Normal practice is that the client pays for the sessions and then is reimbursed by the health insurance company. I am happy to provide any necessary supporting documentation.
- ✓ **Reports**  
Reports will be shared with parents or caregivers via email. The reports are password protected pdf documents. Please inform the therapist if you do not wish to receive the reports in this form.
- ✓ **Data Protection**  
I am registered under the Data Protection Act to hold records for the purpose of providing and administering patient care. (Data Controller & Data Processor)
- ✓ **Criminal Records Bureau Check**  
I renew my CRB check annually. Clients may see my CRB enhanced disclosure at any time. If clients wish for the therapist to carry out sessions in schools, nurseries etc., these organisations may require the therapist to obtain an additional CRB check specific to their organisation. Should this be the case, the responsibility for paying for the CRB check will be negotiated between the therapist, the client and the organisation requesting the CRB check.
- ✓ **Complaints**  
Most complaints can be resolved by communicating directly. Please contact me if you are concerned or unsatisfied in any way. If you wish to complain formally, please contact [Association of Speech and Language Therapists in Independent Practice \(ASLTIP\)](#),

Client's Name:

Name of Parent/caregiver:

Signature:

Date:

# PARENT CONSENT FORM

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Child's name .....

Address .....

Date of birth .....Nursery/School:.....

Email Address ..... Mobile Number: .....

**Please tick box to show whether you do or do not give consent to the following:**

**YES**

**NO**

For my child to be referred to the Kew speech and language and be assessed by Diana Waha.

For any relevant information about my child to be shared between the speech and language therapist and health, education, and social services professionals as appropriate. This will include sending copies of written reports.

For the therapist to visit my child's playgroup/nursery/school to carry out assessments and offer advice to the staff.

Audio, video or photographic records may be made as part of my child's speech and language therapy.

To be signed by a person who holds 'parental responsibility'.

Signed.....

Print name: .....

Relationship to child: ..... Date: .....

\* Under the Children's Act 1989 certain people hold 'parental responsibility for a child. This may include the child's mother; the father if the parents are married at the time; the father if he has acquired responsibility by a court order or by a document in a proper legal form agreed by the mother; adoptive parents; others who have acquired parental responsibility through legal systems e.g. residence order, parental responsibility order.