



Consent for treatment of a child or young person

Child's name:

DOB:

NHS no:

You have requested speech, language and communication therapy services for _____.

Following an enquiry, there will be an initial half hour telephone assessment undertaken by *Inspire to Speak* to identify _____ 's needs and to determine whether we will be able to provide further treatment, guidance and support.

Information shared will be held on file securely and remotely with **Writeup.com** and, if appropriate, may be shared with other agencies or professionals. We will provide a copy of an assessment report to you and other professionals if required. By signing this consent form you consent to the clinical information, communication, assessments and supporting evidence being stored after treatment in line with HCPC guidance.

It may be necessary to carry out an observation of _____ in an educational setting or at home. By signing this form you are also giving consent to a classroom observation to take place if required.

In order to do this, we will need to make contact with any school/nursery and/or any other professionals involved with _____ currently.

Please confirm the name of _____ school/nursery.

School/Nursery: _____ Teacher/Senco: _____

I confirm that I have parental responsibility and give my consent to _____ being treated by *Inspire to Speak* speech and language therapist.

I consent to the *Inspire to Speak* requesting relevant information regarding _____ from **her/his** school/nursery and other professionals involved in **her/ his** care.

Emailing or SMS texting patients

Inspire to Speak will use email or SMS text correspondence with you or your representative under the following conditions:

1. This agreement is entered into at your request.
2. If communicating by text or unsecure email, you understand the risks involved in us communicating with you like this.
3. You understand that *Inspire to Speak* has no responsibility for information that is shared with your consent and cannot guarantee the security of such information.
4. You understand that *Inspire to Speak* has no responsibility for equipment used by you to send or receive email or SMS text messages.
5. You understand that once you receive the email or text you are responsible for the information, and that we take no responsibility should you forward this information on to other persons.
6. You should contact *Inspire to Speak* if you change your email address or mobile number to ensure that your confidentiality is protected.
7. You are satisfied that access to your own system is secure, and are aware of the risks to confidentiality of shared email accounts, shared computers or mobile phones etc.
8. To minimise the risk of error in typing an email address or telephone number, please:
 - provide us with your email address in writing below
 - provide us with your SMS text number in writing below.



Inspire to speak reserves the right to terminate this agreement if there are any viruses or other technical threats to its systems as a result of external email traffic.

By signing below you indicate you have read and understood the conditions given above.
You also understand you are able to review or cancel this arrangement at any time in writing.

Name _____

Address _____

Relationship to child _____

Signature of patient or parental guardian _____ Date ___/___/___

Email address _____

Landline Number _____

SMS text number for receiving information _____

	Yes	No
Phone		
Email		
Text		

Please indicate your preferred method of contact.
(Tick all applicable)

Should we need to leave a voicemail, what is your preferred number? **Land Line / Mobile**

Please remember to update us if any of your contact details change

Signed

Alexander McMillan
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Cert MRCSLT , Reg HCPC, MASLTIP

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www.inspiretospeak.co.uk