Service Agreement: XXXXXXXX

Date of Service Agreement: XX XXXX 2025

This document outlines our policies regarding bookings, cancellations and payments, confidentiality, as well as how to provide feedback regarding our services. We require this document to be accepted and signed prior to commencing services. Should the client have any questions regarding any part of this document, please do not hesitate to contact us.

For the purposes of this Service Agreement, and for all services provided at Speak and Swallow Speech Therapy:

The Client is the person who receives speech pathology services from Speak and Swallow.

EPOA is Enduring Power of Attorney. This is a legal document that allows a client to appoint someone they trust to make decisions on their behalf if they do not have the ability to do so due to illness or injury.

Nominated Decision Maker or Next of Kin: is a person identified by the client to assist with or make decisions about their care and services. This may include a legally appointed decision-maker (such as an Enduring Power of Attorney or guardian) or a non-legally appointed person (such as a Next of Kin, advocate, or trusted individual) who is recognised by the client and the Service Provider as an important contact and support person in matters relating to their speech pathology supports.

The Service Provider: is Speak and Swallow Speech Therapy and includes all staff including Speech Pathologists and Administration Officers.

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Speak & Swallow
SPEECH THERAPY

Client Information

Name of Client	
Client's date of birth	
Cultural identity	
Gender Identity	
Medical history or formal diagnoses	
Client's phone number	
Client's email address	
Client's home address	
Name of client's EPOA/nominated contact person	
EPOA/Nominated contact's relationship to client	
EPOA/Nominated contact's number	
EPOA/Nominated person's email address	
Advanced Health Directive Do Not Resuscitate (DNR)	**Yes or No** **Yes or No**
Reason for service provision	

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Booking and Cancellation Policy

Services and Fees

Sessions will be provided at Client's agreed designated location, via telehealth or at Speak and Swallow's clinic (16/115-117 Buckley Road, Burpengary East, QLD).

Fees will be applied as per the table below:

Communication and Swallowing Supports • Initial Speech Pathology Assessment (2 hours) • Speech Pathology Intervention • Mealtime Management Plan Documentation • Assessment analysis and interpretation • Participant specific planning, preparation and resource development (including research relating to evidence-based therapy and appropriate supports to achieve the participant's goals). • Development of AT/resources. • Liaison, training and communication with other professionals or key people involved in your care • Any correspondence, letters or referrals	$200.00 per hour
Consumables/Products	Any products or consumables will be billed at the applicable product pricing, including GST and shipping costs. Speak and Swallow charges an administration fee to arrange quotes and order these products. All costs and payment arrangements will be discussed and agreed with the client or their EPOA prior to any charges being applied. Payment must be confirmed and authorised before any products are ordered.

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Travel	$100 flat fee (inclusive of time spent and kilometres travelled)
Written Reports	$200.00 per hour
Home Programme Development	$200.00 per hour
Training	Quote provided

Speak and Swallow reserves the right to adjust its services and associated fees as necessary. Clients, their Enduring Power of Attorney (EPOA), or nominated decision-makers will be provided with reasonable notice prior to any changes taking effect.

Client Expectations

In signing this Service Agreement, the client agrees that they will:

- Tell Speak and Swallow about the supports that the client wants, and how the client wants to receive them.
- Be polite and respectful to the staff who work with the client.
- Tell Speak and Swallow if the client has any issues with the service and would like to provide feedback.
- Tell Speak and Swallow straight away if the client wants to end the Agreement via written documentation. **Two week's notice** (full charge) is a mandatory requirement as per Speak and Swallow's policies and procedures.

The client agrees to adhere to Speak and Swallow's policies and procedures. Speak and Swallow have a number of business and service policies. The client is able to access these policies at any time on request. Please contact your Speech Pathologist or the company directly for further information.

Service Provider Expectations

In providing supports and services, Speak and Swallow will:

- Provide services within our scope of practice.
- Be open and honest about the work that they do.
- Explain things clearly.
- Treat the client and their key supports politely and with respect.

- Include the client, client's EPOA, or nominated decision maker in all decisions about their supports. Speak and Swallow will ensure that the client will always be consulted and involved in decision making related to their services.
- Let the client know what to do if they have a problem and want to provide feedback.
- Listen to the client's feedback and fixing any problems in a timely manner.
- Tell the client if they want to end this Service Agreement.
- Make sure the client's information is correct and up to date.
- Store the client's information carefully and making sure it is kept private

Rescheduling Appointments When Sick

Speak and Swallow Responsibilities:

- Speak and Swallow will either offer a telehealth appointment or will reschedule an appointment when staff are sick and at risk of spreading an illness or disease.
- Speak and Swallow will immediately notify you if your Speech Pathologist is required to self-isolate e.g. due to COVID.
- If a Speak and Swallow staff member tests positive to COVID they will stay away from the workplace until they have no symptoms (runny nose, sore throat, cough and fever). This is to help protect other staff, clients, and their families. During this time if the staff member feels well enough, virtual appointments will be offered.
- If a Speak and Swallow staff member lives with someone who tests positive to COVID, they will seek a COVID Rapid Antigen Test (RAT), and may wear a mask while working with clients, even if they have no COVID symptoms.
- Speech therapy appointments will only be placed on hold during Speak and Swallow's closure periods with no exceptions.

Client / EPOA Responsibilities:

- We ask that clients cancel or reschedule appointments when they are sick and at risk of spreading an illness or disease.

- If a client is feeling well enough, a telehealth appointment may be offered instead of a face-to-face session.

In the event that an unwell client (or an unwell family member or carer) attends an appointment, Speak and Swallow reserves the right to cease the appointment, and full fees will be charged.

Cancellation Charges

Cancellation of an upcoming scheduled service requires a minimum of **two (2) full business days'** notice.

- Where the client provides this adequate notice, no charge will be incurred.
- Where the client cancels with short notice or no shows, Speak and Swallow will charge 100% of the scheduled fee.

Ending the Agreement

- If the client wants to end this Service Agreement, the client, client's EPOA or nominated decision maker must inform Speak and Swallow immediately, confirmed via written documentation.
- Clients are able to cease services without incurring any costs for the remaining, if they give **two (2) weeks' notice of their intention** to do this. Clients will be charged for sessions taking place during the two weeks' notice period, regardless of if they attend the sessions or not. Our short notice cancellation policy does not apply during this period to cease services.
- If the client has **4 consecutive cancellations**, the cease of service will be implemented.

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Payment Policy

Payment Method

- Speak and Swallow will bill the client, or the relevant government funded provider directly.
- In the event that a funding source or body does not provide payment for any service provided by Speak and Swallow, payment will be the client's responsibility.
- Payment must be made within 7 days of the date of service.
- Payment can only be made via electronic funds transfer or cash.

Please provide the details below of who is to receive the invoices from Speak and Swallow:

Email Address:	
Additional recipient's email address:	

Changes to Payment

- Any changes made to the service agreement need to be in writing.
- Both the client and the service provider need to agree on the changes.

Goods and Services Tax

Most health care services or services funded by government funding grants will not include GST. However, GST will apply to some services.

- It is the service provider's responsibility to check whether GST does or does not apply.
- By signing this Agreement, the service provider says that they have checked whether GST applies and will be included in the schedule of supports or direct contract with the Home Care Package.

Privacy Policy

Speak and Swallow needs to collect information about the client for the primary purpose of providing a quality service to the client. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from the client. If the client does not provide this information; we

may be unable to provide speech pathology services to the best of our abilities. This information will also be used for:

a. The administrative purpose of running the practice;

b. Billing either directly or through an insurer, compensation agency, government body (i.e. DVA, NDIS, Homecare provider).

c. Use within the practice if passing the case to another speech pathologist within the practice for ongoing management;

d. Use within the practice for learning purposes and supervision

e. Disclosure of information to the client's key stakeholders (i.e. doctors, other health professionals, NDIS liaisons) to facilitate communication and best possible care for the client; and

f. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that affects returning to work.

Speak and Swallow has a Privacy Policy that is available on request. This policy provides guidelines on the collection, use, disclosure and security of the client's information. The Privacy Policy contains information on how to request access to, and correction of personal information and how to complain about a breach of the client's privacy and how we will deal with such a complaint.

To ensure the process of quality treatment provision, information about the client's assessment results and progress may be given to other relevant service providers, who are involved in the client's management. These may include the client's doctors, specialists, other health professionals, employers or others, but only where it is considered to be of benefit the client's progress. This will include other clinicians (Speech Pathologists) under Speak and Swallow for the purpose of accountability, supervision, and quality of care.

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Please list the names and contact details of the individuals involved in the client's care in table below, by which giving Speak and Swallow's clinicians permission to liaise with all key supports and professionals.

Professional	Name & details ✓
Family/Next of Kin	
General Practitioner	
Specialist (e.g. neurologist, oncologist, ENT, Gastro etc)	
Dietitian	
Occupational Therapist	
Physiotherapist / Exercise Physiologist	
Previous Speech Pathologist	
Other Medical or Allied Health Professionals	
Home Care Package Providers Representatives:	
School	Classroom Teacher: School Contact:
Service Provider (i.e. SIL, SDA or Support Services, carers)	
Any Other	

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☐ I acknowledge that have read the above information and understand the reasons for collecting the information and the ways in which the information may be used. I understand that it is my choice as to what information I provide, and that withholding or falsifying information might act against the best interests of my assessment and therapy progress. I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I understand that the Practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

Providing Feedback

It is the client's rights to provide feedback regarding our services. We appreciate feedback as we strive to improve the quality of the service we deliver.

- The feedback/complaints procedure can be located on our website (www.speakandswallow.com.au) under "Resources" > "Policies" > "Complaint Form".
- Alternatively, contact our administration team who will assist in the procedure.
    - Phone number: 1300 867 732
    - Mobile number: 0400 731 551
    - E-mail address: info@speakandswallow.com.au

Please do not hesitate to contact our administration team or your Speech Pathologist, should the client have any questions or would like to discuss any aspects further before signing this Service Agreement on the following page.

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Acceptance of Service Agreement

- ☐ I agree that I have read this document in detail and have raised any questions or concerns to Speak and Swallow, prior to signing.
- ☐ I agree to this Service Agreement and all outlined policies.
- ☐ I consent to Speak and Swallow disclosing information related to this service agreement to a third party when relevant to my care and quality of the service delivery.
- ☐ I agree for Speak and Swallow to liaise with individuals involved in my care as outlined above.
- ☐ I give consent for images from my speech therapy sessions, taken with my permission, to be used in social media posts by Speak and Swallow Speech Therapy.
- ☐ I give consent for my case data to be used within Speak and Swallow for staff training and learning purposes.

Name of Client **(Or authorised nominated person – please specify)**	XXXXXXX	
Signature:		**Date:**
Service Provider:	Speak and Swallow	
Name of service provider representative:	Emily Cummins	
Signature:		**Date: xx/xx/2025**

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