

Information for New Clients

General Information

About Us

Articulate Speech Pathology is a private speech pathology practice offering clinic based, Mobile and Telehealth therapy service for people of all ages. We are a family oriented speech pathology service working with you in environments you are most comfortable. Our experienced Speech Pathologist is committed to providing individualised and motivating intervention focusing on evidence-based practice and what is important to you.

Registered Company Details

Articulate Speech Pathology
ABN 15 650 128 966
Phone: 0401 347 766
Email: info@articulatespeech.com.au

Company Alias'

Biscan Roberts Pty Ltd
Articulate Speech Pathology
Articulate Speech and Language Pathology
Articulate SLP

Scope of Services

Services

Articulate Speech Pathology is dedicated to providing up to date evidence-based speech pathology, supporting individuals to build on their strengths and achieve their goals. We offer a range of services and all intervention is individualised to suit the individual.

A typical therapy plan will consist of:

- (a) Initial Consultation and Assessment
- (b) Optional written assessment report and therapy plan
- (c) Regular ongoing therapy - Weekly or Fortnightly (45min - 1hr Therapy)

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Our services include:

Assessment and Intervention for the following areas for all ages:

- (a) Language (receptive and expressive)
- (b) Speech (articulation, phonological difficulties, Apraxia of speech)
- (c) Stuttering (repetition, prolonging, blocking sounds or words)
- (d) Voice (quality, nasality, pitch, volume)
- (e) Literacy (Pre-literacy skills, reading, writing, spelling, written language)
- (f) Augmentative and Alternative Communication (communication devices or books such as ProloQuo2go and PODD, Visuals, Key Word Sign etc.)
- (g) Swallowing

Articulate Speech Pathology is trained in many areas and offer specific intervention programs including:

- (a) Hanen Program – It Takes Two To Talk (ITTT)
- (b) PROMPT approach (Physical Restructuring Oral Muscular Phonetic Targets)
- (c) Lee Silverman Voice Therapy (LSVT)
- (d) Sounds-Write phonics program
- (e) Rapid Syllable Transition Training (ReST)

Location of Services

Articulate Speech Pathology are able to offer therapy sessions in our clinic, out-of-clinic settings including in-home, school, or out in the community. We are also able to offer telehealth appointments if you would prefer and if intervention goals are suitable. Please discuss your therapy needs with us so we can develop the best treatment plan for you.

Funding Options

We are able to service clients with a range of funding options:

- (a) NDIS - Self Managed
- (b) NDIS - Plan Managed
- (c) Private Clients

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- (d) Medicare - Our speech pathologists are approved Medicare providers and we have facilities for clients to claim their rebate on the spot in our clinic. Some people are eligible for a Medicare rebate through the Chronic Disease Management program and/or HCWA or Better Start Initiative.
- (e) Private Health Insurance - Some private health insurance “extras” packages will provide a refund for speech pathology services. Please advise the clinician which health fund you are with so that she can provide you with the appropriate receipt.

Fees

Fees are charged at an hourly rate unless otherwise specified as a fixed fee. Fees are subject to periodic review and may change at the discretion of Articulate Speech Pathology. You will be notified in advance of any proposed changes to fees relating to the services we provide to you.

Payment of Fees

Payment for therapy services are to be made by direct deposit or by credit / debit card (on request). Payment are to be made no more than 7 days from the date of invoice and fees must be up to date prior to any further therapy sessions taking place. An invoice will be issued following a therapy session or other service and a receipt will be provided once payment has been received. If you have any issues or queries relating to an invoice, please feel free to contact us to discuss.

Cancellation Policy

We are committed to providing a high quality service and our therapists dedicate significant time preparing for valuable appointments. In order to assist us to service you better, we request that clients provide us with sufficient notice when cancelling an appointment, or arriving late. The following policies apply for appointment cancellations, late arrivals and failures to attend.

Late cancellation of an appointment

Clients unable to attend a scheduled appointment or group session must cancel the appointment by no later than 3:00pm on the day prior to the appointment, to avoid cancellation fees. If notice is provided after this time, a late cancellation fee of \$100.00 will apply. If your child's appointment is scheduled on a Monday this still applies, and we ask that you please leave a message, SMS or email before 3:00pm Sunday to avoid a fee being applied for the cancellation. Any exceptional circumstances will be considered individually.

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Failure to attend an appointment

Clients unable to attend a scheduled appointment or group session must cancel the appointment by no later than 3:00pm on the day prior to the appointment, to avoid cancellation fees. If clients fail to attend a confirmed scheduled appointment and no notice is received, the full appointment fee is payable.

Repeat cancellations

Repeated cancellations or failure to attend appointments may result in the suspension or cease of regular services at the discretion of Articulate Speech Pathology.

Late arrival to an appointment

To ensure an efficient service schedule we ask that you arrive promptly for your scheduled appointments. Late arrivals will still incur the full fee for the scheduled appointment. Unfortunately, since our therapists may have other appointments scheduled before and after, the session cannot be extended if you are late.

Fees and charges for late cancellations and failures to attend

Articulate Speech Pathology will contact you regarding the missed appointment to arrange prompt payment. Payment for the missed appointment must be received in order to confirm your child's next scheduled appointment. Please note these payments cannot be claimed using Private Health or Medicare Funding.

Cancellation Alternative Service Options:

To make the most of your allocated appointment time you may also opt for one of our cancellation options which will be included in the full session fee. We understand that cancellations are sometimes necessary therefore, we offer

families the options to get the most out of your allocated session time when a cancellation fee applies:

Option 1: Half of the original session time will be spent making resources for the client to take home

Option 2: Telehealth Session - This is charged at the full session fee in lieu of the cancellation fee

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Rights and Responsibilities

Client Rights

- (a) Receive services from supportive professional clinicians with skill and competence
- (b) To have your culture, beliefs, values and personal characteristics understood and respected
- (c) Receive open, timely and appropriate communication from our team
- (d) Be included in making decisions and choices about your child's program
- (e) Your privacy is maintained at all times
- (f) To comment/complain, in a respectful way, to have your concerns addressed promptly

Client Responsibilities

- (a) Treat Articulate Speech Pathology staff with respect
- (b) Gain consent from your therapist before video recording any part of your child's therapy session.
- (c) Inform therapists of other relevant therapies and funding your child is accessing (including relevant sections of NDIS plans)
- (d) Inform our team of changes to your contact details
- (e) Articulate Speech Pathology is a safe and nurturing environment – verbal abuse and violence will not be tolerated
- (f) Respect the privacy of our staff and other clients accessing Articulate Speech Pathology
- (g) Confirm your appointments in a timely manner
- (h) Comply with Articulate Speech Pathology's payment timelines and cancellation policy

Acknowledgement

- ☐ I acknowledge the above information and understand my rights & responsibilities
- ☐ I understand and agree to the above Cancellation Policy

Name of Client / Parent

Signature

Date