

### SPEECH PATHOLOGY INTAKE FORM

<b>Referral Source:</b>			
<b>Service Request:</b>	Assessment only <input type="checkbox"/> Therapy block <input type="checkbox"/> Other <input type="checkbox"/>		
<b>Service Location:</b>			
<b>Service Frequency:</b>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>		
<b>Client information</b>			
Participant's name:			
Preferred name:			
Date of birth:			
Address:			
Occupation/School:			
For school-based services:	Yes, I have made a written request to my child's principal. <input type="checkbox"/>		
Legal guardian/s:			
Relationship to participant:			
Telephone:			
Email:			
<b>For NDIS participants only:</b>	NDIS number:		NDIS Plan Manager:
	Plan start date:		Plan end date:
<b>Primary Diagnosis:</b>			
<b>Email accounts to:</b>			

Describe what your main concerns are:
How do these concerns impact daily life?
What do you hope Speech Therapy will achieve in the short term?
How would you rate your current level of concern out of 10?
How much time can you dedicate to at home practice?

## SERVICE AGREEMENT

**Upon commencing services with NEST Allied Health, the participant/participant's representative agrees to:**

- ☐ Inform the provider about how they wish the supports to be delivered to meet the participant's needs.
- ☐ Alert the provider in writing if adjustments to the current therapy plan are desired.
- ☐ Treat the provider with courtesy and respect.
- ☐ Talk to the provider proactively if the participant has any concerns about the supports being provided.
- ☐ Give the provider as much notice as possible if a participant cannot make a scheduled appointment.
- ☐ Pay 90% service fee in full if cancellation notice is not provided by 3pm the day before the appointment.
- ☐ Give the provider 2-weeks-notice if the participant needs to end the Service Agreement.
- ☐ Let the provider know **immediately** if the participant's NDIS plan is suspended or replaced by a new NDIS plan or the participant stops being a participant in the NDIS.
- ☐ Pay the applicable service fees in full, within 7 days of the invoice issue date.

### Audio recording of speech therapy sessions:

On occasion, therapy sessions are audio recorded to improve treatment outcomes and document progress. Identifying information is limited to the client's first name and age. All audio recordings are stored securely and are available to you on request. These recordings will not be used outside of NEST Allied Health.

Please tick the appropriate box below, indicating your authorisation for audio recordings:

- ☐ I authorise the use of audio recordings.
- ☐ I do not authorise the use of audio recordings.

### Feedback, complaints and disputes

If the participant/participant's representative wishes to give the provider feedback or is not happy with the provision of supports and wishes to make a complaint, they can:

- contact NEST directly by phone or email;
- report their issue to the NDIS coordinator (if applicable) for advocacy and follow-up on their behalf;
- contact the NDIS Commission(if applicable) by calling **1800 035 544; or**
- contact Speech Pathology Australia, the Registering Professional body on 1300 368 835.

If you feel the [Code of Ethics](#) has been breached by your clinician, please contact Speech Pathology Australia directly on 1300 368 835 and ask for the Manager of Ethics and Professional Issues.

### Agreement signatures

The parties agree to the terms and conditions set out in this Service Agreement:

\_\_\_\_\_  
Participant/participant's representative name

\_\_\_\_\_  
NEST Allied Health authorised staff member name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

## PRIVACY CONSENT FORM

NEST Allied Health needs to collect information about the participant for the primary purpose of providing a quality service to the participant. To thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you (about the participant). If you do not provide this information; we may be unable to treat the participant. This information will also be used for:

- The administrative purpose of running the practice;
- Billing either directly or through a NDIS plan manager, insurer or compensation agency;
- Use within the practice if passing your case to another speech pathologist within the practice for your/the participant's ongoing management;
- Disclosure of information to your/the participant's doctors, other health professionals or to teachers to facilitate communication and best possible care for the participant; and
- In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that affects your return to work.

We do not disclose your personal information to overseas recipients.

NEST Allied Health has a Privacy Policy that is available on request and is available in the waiting area. This policy provides guidelines on the collection, use, disclosure, and security of your/the participant's information. The Privacy Policy contains information on how you may request access to, and correction of, your/the participant's personal information and how you may complain about a breach of your/the participant's privacy and how we will deal with such a complaint. A summary of the Privacy Policy is contained in the Collection Statement overleaf.

To ensure the process of quality treatment provision, information about your/the participant's assessment results and progress may be given to other relevant service providers, who are involved in your/the participant's management. These may include your/the participant's doctor, teachers, specialists, insurers, solicitors, employers or others, but only where it is considered to be of benefit to your/the participant's progress. Please provide names of individuals involved in the participant's care.

Please list the names and contact details of the individuals involved in your/the participant's care:

Name:	Role:	Contact:
Name:	Role:	Contact:
Name:	Role:	Contact:

I 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/ the participant's assessment and therapy progress. I am aware that I can access my/the participant's 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.

**Participant's Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Privacy Policy and Health Information Collection Statement

NEST Allied Health is an independent practice under the ownership of Rebecca Bates.

You may contact NEST Allied Health by writing to NEST Allied Health, PO Box 177, Attunga NSW 2345, by emailing [office@nestalliedhealth.com](mailto:office@nestalliedhealth.com) or by calling the Privacy Officer on 0499 462 297. You have the right to gain access to the information held by NEST Allied Health about the participant.

Our Privacy Policy (available upon request) contains information on how you may request access to, and correction of, your/the participant's personal information and how you may complain about a breach of your/the participant's privacy and how we will deal with such a complaint.

NEST Allied Health needs to collect information about the participant for the primary purpose of providing quality treatment. To fully assess, diagnose and treat the participant, we need to collect some personal information from you. This information will also be used for the administrative purposes of running the practice such as billing you or through an insurer or compensation agency. Information will be used within the practice for handover when another speech pathologist will be providing the participant with ongoing assistance.

NEST Allied Health may disclose information regarding diagnosis or treatment to your/the participant's doctor or other treatment providers only with your consent. In the case of insurance or compensation claims, it may be necessary to disclose information and/or collect information that affects your/the participant's treatment and return to work. NEST Allied Health will not disclose your/the participant's information to commercial companies, however specific service or product information as deemed suitable for your/the participant's speech pathology management, may be forwarded to you by us, unless you instruct NEST Allied Health not to forward this type of information. Your written consent will be obtained at the start of your/the participant's treatment in order to carry out the above activities. We do not disclose your/the participant's personal information to overseas recipients.

Information at NEST Allied Health is stored securely and only practice staff have access to it. NEST Allied Health takes all reasonable steps to ensure that information collected about the participant is accurate, complete and up to date. You may have access to your/the participant's information on request and if you believe that any of the information is inaccurate, we may be able to amend it accordingly. If you do not provide relevant personal or health information (about the participant), in part or in full, to NEST Allied Health it may result in incomplete assessment. This may impact on the diagnosis and the following therapy that is provided. Any concerns that you may have about this policy or about your/the participant's management can be directed to the Privacy Officer by emailing [office@nestalliedhealth.com](mailto:office@nestalliedhealth.com), telephoning 0499 462 297 or writing to PO Box 177, Attunga NSW 2345.