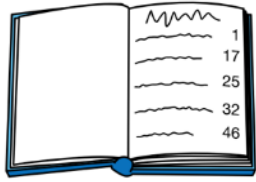




Our forms

Speak for Yourself
Speech & Language Pathology



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About these forms



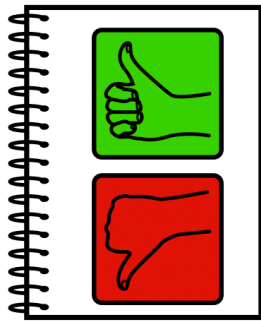
My name is Sebastian Caon-Cook.



I am a Speech Pathologist.



Speak for Yourself Speech and Language
Pathology is my business.



I have rules to help us.

You must read these rules.



There are things I need to know.

They will help me do the best job for you.

There are 5 forms to read.

There is 1 form to read and fill in.

There is 1 form to sign.



You can not come



We make a time to meet.

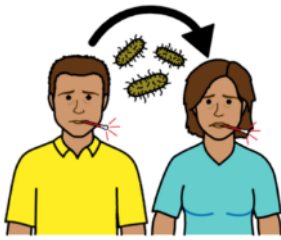
You can not come.

You must tell me before we plan to meet.

You can call me.



You can not come when you are sick.



This may be

- a cold
- COVID
- any germs I can get



You can ask us to do other things.

Like

- talk to you on the phone
- talk to your family on the phone.



Here are some other things we can do

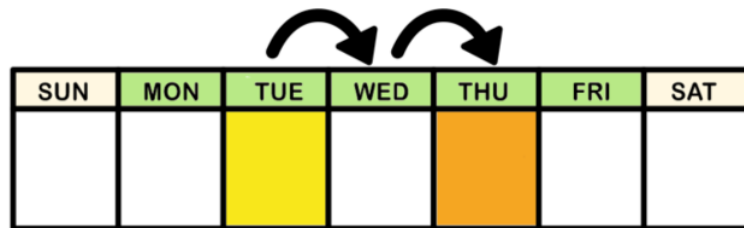


- write your report
- do a session online
- make home programs



We need 2 clear business days notice.

This means week days that are not public holidays.



For example

- we plan to meet 1 o'clock Thursday
- you need to tell me before 1 o'clock Tuesday



You give less than two clear days.

I charge 90 percent of cost.

For example

- Session was \$200
- You call us 1 hour before the session
- You tell us you can not come
- I charge \$180



You do not tell us.

You do not come.

I charge full cost.



You meet with me



I need you to come to at least half of your sessions

or

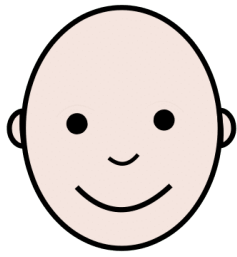


I need to cancel your sessions.



I may need to stop your sessions when

- The NDIS rules say I must stop
- It is not safe to see you
- Bills are not paid.



I want to help you come to sessions.

I want to help you be happy.



You need help to come to sessions.

Tell me what help you need.



Pay your bill



I create a bill after I see you.

Bills need to be paid in 5 days.



1	2	3	4	5		

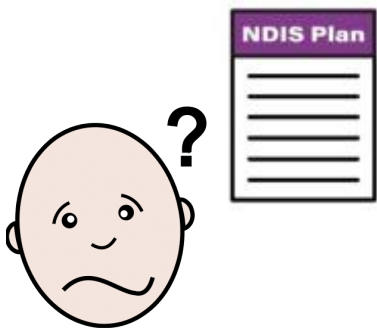
You need to understand your NDIS plan.

You tell me if you need help understanding your NDIS plan.



You need to know

- your plan has money to pay me
- the date your plan stops.



Some people need help to understand an NDIS plan.

Many people do not understand their NDIS plan.



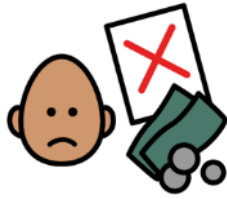
People can help you know more about your NDIS plan.



Talk to

- your NDIS planner
- your plan manager
- your support coordinator
- Sebastian





Sometimes people spend more than their NDIS budget.

It is your job to pay if you spend more.



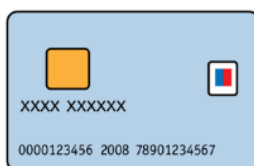
You can see our prices

- on our website
- on the wall in our room
- you can ask me



You can not pay.

I stop sessions.



I can keep a credit card on file.

I can use this when payments are slow.



Complain



You may not be happy with

- what I do
- my room
- something else about Speak for Yourself



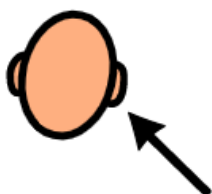
You can complain.

Please let me know.



You can talk to me

- Call 0401 225 265.
- Email hello@peakforyourself.com.au



You can talk to a different person.



You may still not be happy.

There are other people you can talk to



Department of Communities, Seniors and
Disability Services.



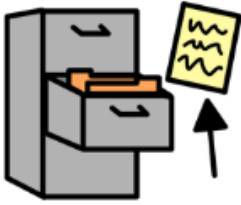
Call 1800 080 464



NDIS Quality and Safeguards Commission.



Call 1800 555 667



Things about you



We need to keep notes about you.

You choose what

- to tell us
- reports we can read
- other staff we can talk to

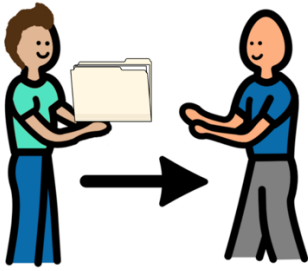


The right information helps us do the best job.

We keep these on a computer file.

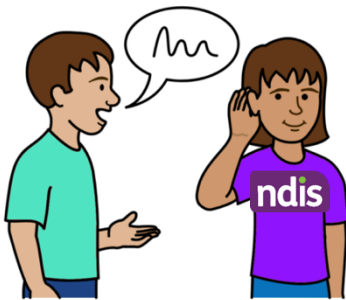


These notes are private.



You can ask to see your notes.

You can ask us to change your notes



I need to share things about you with your

- NDIS plan manager
- support coordinator.



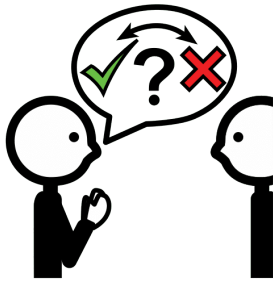
I see your child.

I must let all parents see our notes.



I need to share what you pay with

- the person who helps me pay my bills
- the person who helps me look after my money



I ask before I share with other people.



I might want to share information with

- other health professionals
- school



Who else do you let us share information with?

Write down who else you let us share information with.



Your consent



You let us do speech therapy.

We call this consent.



You can remove your consent any time.





Consent form

Do you agree and understand?

- **You can not come** form
- **You meet with me** form
- **Pay your bill** form
- **Complain** form
- **Things about you** form
- **Your consent** form




Tick 1 box

Yes 

I agree

☐


or

No 

I do not agree

☐

or

I don't know 

☐

Turn over to next page



Write your details



Name



Date

___ ___ / ___ ___ / 20 ___ ___



Signature
