



## ADULT CONVERSATIONS

speech and language therapy

Speech Therapy for Adults in Staffordshire and the West Midlands

# Adult Conversations Consent and Agreement Form

Who is completing this form?\*

☐ The patient ☐ Somebody else

If you are not the patient, please specify your name, relation to the patient and your contact details:

If you are not the patient, does the patient know that they have been referred to Adult Conversations?\*

☐ Yes, and they have consented to the referral. ☐ No, because they lack capacity to make this decision. ☐ Not applicable (I am the patient)

I am happy for Adult Conversations to liaise with other health and medical professionals involved in my care.\*

☐ Yes ☐ No

I agree to emails being used as a means for communicating with me and (if applicable) other health and medical professionals involved in my care.\*

☐ Yes ☐ No

**Adult Conversations - Speech and Language Therapy**

mark@adultconversations.co.uk

07814 035 208



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# Adult Conversations Consent and Agreement Form (Continued)

I consent to reminders being sent prior to booked appointments.\*

- ☐ Email only      ☐ Text message only      ☐ WhatsApp only      ☐ Any
- ☐ None

I may wish to share information on social media or the website about client successes. This would be completely anonymous. Are you happy for information relating to your sessions being anonymously shared online.\*

- ☐ Yes      ☐ No

I have received, read and understood Adult Conversations' Privacy Policy and I agree to my personal data being stored, used, retained as detailed in the policy.\*

- ☐ Yes      ☐ No

I have received, read and understood Adult Conversations' Terms and Conditions.\*

- ☐ Yes      ☐ No

I confirm that I have read and understand and agree with the above (please sign).\*

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