

# Kimeshree Moodley

## Speech-Language Therapist

HPCSA No.: ST0009393

Practice No.: 082 001 065 3411

BSc Com Path (SLP) (HONS) (UKZN)

NDT, PROMPT, DIR Floortime & Makaton Trained



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## CONSENT FORM - ADULT

I, \_\_\_\_\_ (print name of client),  
hereby consent to the content outlined in the table below:

<b>PERSONAL INFORMATION</b>	<p>The client's privacy is important to Project Communicate Speech-Language Therapy (PCSLT). PCSLT wants to communicate with the client transparently &amp; deal with the client's personal information in a way that has the client's consent &amp; is in line with the South African privacy law including the Protection of Personal Information (POPI) Act.</p> <p><b>Please sign below to consent to us processing your personal information. Our Privacy Notice will provide you with more information on how we deal with your personal information.</b></p>
<b>THERAPEUTIC SERVICES</b>	<p>As in the practice of medicine, Speech-Language Therapy may have some risks. The client has the right to speak to the Speech-Language Therapist (SLT) at PCSLT to ask about these risks and have any questions answered about the Speech-Language Therapy services that they receive. If the client does not give consent to the SLT at PCSLT, the client will not be able to receive Speech-Language Therapy services.</p> <p><b>Please sign below to consent to the SLTS of PCSLT to screen, assess &amp; treat you, as the client, in the areas of communication &amp; feeding/swallowing as seen necessary.</b></p>

I have carefully read, fully understand & consent to the content explained in the Consent Form.

Name of Client:	
ID Number of Client:	
Signature:	
Date:	