

Kimeshree Moodley

Speech-Language Therapist

HPCSA No.: ST0009393

Practice No.: 082 001 065 3411

BSc Communication Pathology (SLP) (Hons) - UKZN

BA Hons AAC - University of Pretoria

NDT, PROMPT, DIR Floortime & Makaton Trained



073 147 5132 / 068 294 7650

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projectcommunicateslt@gmail.com

58 Marion Avenue, Scottburgh, KZN

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CLIENT CONTRACT (OUTPATIENT)

Thank you for choosing **Project Communicate Speech-Language Therapy (PCSLT)** as your provider for Speech-Language Therapy services. At PCSLT, we understand that communication is the essence to life. We will strive to increase your functioning in communication & feeding/swallowing in order for you/your loved one to gain an increased quality of life.

This contract identifies the expectations and duties of the Speech-Language Therapist, client, and/or client's party for communication & feeding/swallowing services to be provided.

PCSLT and _____ (print name) hereby agree to the following terms:

PRIVACY NOTICE

The Privacy Notice of PCSLT aims to describe how the Practice collects & uses personal information of the client once consent has been provided. It further describes how the Practice complies with their legal obligation to the client. The PCSLT Practice Policy is to respect the privacy of our client/client's party & to maintain compliance with the Protection of Personal Information (POPI) Act 4 of 2013.

- Collection of Personal Information
 - PCSLT collects basic personal information of the client (e.g. full names & surname, address, contact details).
 - PCSLT also collects sensitive confidential information of the client (e.g. information related to health, information required on a receipt to claim from your Medical Aid Scheme).
 - PCSLT maintains records of the client's health & Speech-Language Therapy management.
 - The above mentioned information & records are taken in the best interest of the client & assist PCSLT in providing the client with the best possible healthcare.
- Use of Personal Information
 - Personal information provided to PCSLT is used to better understand each individual client in order to offer the client with the best possible service to improve the client's quality of life in the areas of communication & feeding/swallowing.
 - PCSLT may utilise the personal information of the client during clinical audits of the Practice to monitor the quality of services provided.
 - All client information shared with PCSLT is kept strictly confidential. PCSLT will not disclose client information to a third party without the prior consent of the client except under exceptional circumstances (i.e. life or death situations).



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SESSIONS

- Communication & feeding/swallowing services can be provided at the PCSLT office, at the residence of the client's or via teletherapy on a virtual platform (if deemed suitable & in the best interest of the client) by qualified Speech-Language Therapists working at PCSLT (i.e. Kimeshree Moodley and/or Fahmeedah Desai).
- Prior to the commencement of therapy, an initial assessment will be conducted on the client. This will allow PCSLT to gauge the baseline of the client's abilities in order to formulate a therapy plan.
- There are 2 options in terms of duration of the therapy sessions, dependent on the needs of the client/client's party, i.e.:
 - 31 – 45 minutes
 - 46 – 60 minutes
- **The latter 15 minutes of the session will be used to discuss progress noted in the client, to provide feedback to the client/client's party, to discuss and explain any home programs that will be sent home and to complete any administrative tasks related to the client.** This is an important part of the therapy session as carryover into the home environment as well as consistent practice is required in order for progress to occur in the client's communications & feeding/swallowing abilities.
- If the client's party has specific questions or concerns that they wish to address, please inform PCSLT at the beginning of the session in order to allocate the proper amount of time for discussion. **If not notified at the beginning of the session, PCSLT will be required to bill the client's party for an additional consultation to address questions or concerns which can occur face-to-face or telephonically.**
- PCSLT will not be held responsible for any claims/damages, injury to any person/persons, and/or for any damages due to loss of property arising directly/indirectly from participation in the therapy sessions.

ATTENDANCE

- Progress in therapy and preventing regression of skills requires consistent attendance. The clients/client's party are required to make their best effort in attending scheduled sessions.

LATE ARRIVALS

- Client: If the client arrives late for their therapy session, the session will conclude at the allocated time to allow PCSLT to stay on schedule.
- PCSLT: If PCSLT receives a client late, the client will be given the full session time.

CANCELLATIONS

- Client: Clients/clients' parties are to provide a minimum of 48 hours' notice to PCSLT if they wish to cancel their therapy session. Clients/clients' parties are to contact PCSLT on 068 294 7650. **If notification of cancellations does not occur timeously, the client/client's party will be billed 50% of the session.**
- PCSLT: If PCSLT is unable to keep a therapy appointment, the client/client's party will be notified as soon as possible telephonically/via text message on the phone numbers provided by the client/client's party. PCSLT will then reschedule the therapy appointment for the closest date and time available, which will suit the client/client's party.

TERMINATION OF THERAPY SERVICES

- PCSLT: Termination of therapy can occur due to:
 - Non-compliance with therapy and recommendations provided.
 - Behaviour of the client/client's party.
 - Inability to fund therapy services.
 - Engaging in behaviour that breaches trust such as withholding important information, and asking PCSLT to alter data/diagnosis on the client.
- Client/client's party: If the client/client's party wishes to terminate therapy for any reason, PCSLT requests that a written notice is provided 2 weeks prior to the termination. This allows PCSLT to round-up therapy and to provide the client/client's party with a final feedback.

FINANCIAL POLICY

- PCSLT currently accepts Medical Aid Schemes and cash payments.

MEDICAL AID SCHEME

- The client/client's party may use Medical Aid Schemes to cover SLT services rendered by PCSLT if their Medical Aid Scheme offers SLT as a benefit.
- PCSLT is a registered provider with Discovery, GEMS and Momentum. We are also registered with MedScheme, which is an administrator for multiple medical schemes such as Bonitas, Polmed, Fedhealth and Bankmed. PCSLT is recognised on these provider networks for claim submissions.
- If the client/client's party's Medical Aid Scheme does not offer SLT services as a benefit, the client/client's party will then finance SLT services rendered via cash payment.
- If the client/client's party's Medical Aid Scheme offers SLT services as a benefit, the client/client's party's account will be submitted to Medical Aid Scheme on the client/client's party's behalf. **This is done as a courtesy to the client/client's party.** The client/client's party will still remain personally responsible and liable for payment of the account, and will need to settle the account should Medical Aid Scheme not pay the client/client's party's account in full with PCSLT.
- Clients/clients' parties who wish to finance SLT services rendered by PCSLT via Medical Aid Scheme will be billed according to the Medical Aid tariffs stipulated by the client/client's party's Medical Aid Scheme.

CASH PAYMENTS

- The client/client's party may use cash payments to finance SLT services rendered by PCSLT.
- **EFT payments are accepted at PCSLT** and can be made using the following **Banking Details:**

Bank: FNB
Branch Code: 260225
Account Number: 62034259433
Reference: As indicated on your invoice
(Alternatively you may use: PCSLT Client's Initials & Surname)

- **Payment to PCSLT is to be made on the day of the session, or at the very latest, within 30 days from that date services were rendered.**
- **Proof of payment must be emailed to projectcommunicateslt@gmail.com**
- Kindly note that PCSLT is a cashless practice i.e. PCSLT does not accept exchange of physical currency as a payment method.



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- The PCSLT's cash payment rates for the **2026 Calendar Year (January 2026 to December 2026)** are as follows:

	PCSLT Service	Time	Cash Payment Amount
1.	Assessment Session (Office/Teletherapy)	31 - 45 minutes <small>(30 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 550.00
2.	Assessment Session (Office/Teletherapy)	46 - 60 minutes <small>(45 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 650.00
3.	Assessment Session (Home Visit)	31 - 45 minutes <small>(30 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 600.00
4.	Assessment Session (Home Visit)	46 - 60 minutes <small>(45 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 700.00
5.	Assessment Report	-	R 500.00
6.	Therapy Session (Office/Teletherapy)	31 - 45 minutes <small>(30 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 550.00
7.	Therapy Session (Office/Teletherapy)	46 - 60 minutes <small>(45 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 650.00
8.	Therapy Session (Home Visit)	31 - 45 minutes <small>(30 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 600.00
9.	Therapy Session (Home Visit)	46 - 60 minutes <small>(45 minutes face-to-face & 15 minutes for feedback, hand-over and admin time)</small>	R 700.00
10.	Additional Consultation Session	5 - 15 minutes	R 150.00
11.	e.g. Client's party requires extended feedback	16 - 30 minutes	R 300.00
12.	e.g. Client's party requests a training	31 - 45 minutes	R 450.00
13.	Home Program	-	R 400.00
14.	Progress Report	-	R 400.00

Please note the PCSLT keeps cash payment rates below Medical Aid Scheme Tariffs.
The above mentioned rates are subject to change.
 PCSLT will notify the client/client's party of any changes to rates.

I have read, understood and agreed to the policies outlined in the contract above. My signature indicates that I have accepted the terms of the contract.

Client's Name:			
Name of Parent/Guardian/Family of Client (if necessary):		Signature:	
PCSLT Speech-Language Therapist:		Signature:	
Date that contract is signed on:		Place:	



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CONSENT FORM - ADULT

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

<p>PERSONAL INFORMATION</p>	<p>The client's privacy is important to Project Communicate Speech-Language Therapy (PCSLT). PCSLT wants to communicate with the client transparently & deal with the client's personal information in a way that has the client's consent & is in line with the South African privacy law including the Protection of Personal Information (POPI) Act.</p> <p>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.</p>
<p>THERAPEUTIC SERVICES</p>	<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>Please sign below to consent to the SLTS of PCSLT to screen, assess & treat you, as the client, in the areas of communication & feeding/swallowing as seen necessary.</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:	



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CONSENT FORM - PAEDIATRIC

I, _____ (print name of client's party), the parent/legal guardian of _____ (print name of client), hereby consent to the content outlined in the table below:

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

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

Name of Parent/Legal Guardian:	
Signature:	
Name of Client:	
ID Number of Client:	
Date:	



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