

NDIS SERVICE AGREEMENT



This agreement is made in accordance to the rules and goals of the National Disability Insurance Scheme (NDIS)

PERSONAL DETAILS

Name:

DOB: Age: Gender: M / F / Unspecified

Address:

Suburb or Town:

Post Code

Phone:

Email:

REPRESENTATIVE DETAILS

Nominated Representative or Carer (if applicable):

Phone:

Email:

Emergency Contact (if different to nominated Representative)

Phone:

Email:

HEALTH DETAILS

Diagnoses (medical, mental health or disability)

Health Professionals involved in my care (if relevant / would like to provide details)

- 1.
- 2.
- 3.

Areas of concerns

WORK	YES/NO	COGNITIVE/IQ SKILLS	YES/NO
SELF CARE SKILLS	YES/NO	LANGUAGE/COMMUNICATION SKILLS	YES/NO
SOCIAL RELATIONSHIPS	YES/NO	INTIMATE RELATIONSHIP	YES/NO
BEHAVIOUR	YES/NO	EMOTIONALLY	YES/NO
INATTENTION/ENERGY/IMPULSIVE	YES/NO	SOCIAL/COMMUNITY PARTICIPATION	YES/NO

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PLAN DETAILS

NDIS participant number

Current date of plan

Approx. Review date of plan

Would you like to provide a copy of your plan to your psychologist? YES /NO

How is your plan managed? Self-Managed Plan Managed

Details for invoicing if Plan Managed:

Name:

Business/ Company:

Email Address:

Phone

TERMS OF SERVICE

Welcome to IKH Psychology. The terms of service and your rights and responsibilities in relation to information security, access and confidentiality as well as your obligations regarding fees, cancellations and the supports you receive are listed below.

INFORMATION, SECURITY & ACCESS

PERSONAL INFORMATION: All information obtained during your treatment is kept confidential and secure, except when:

1. It is subpoenaed by a court;
2. Failure to disclose the information would place you or another person at risk of harm; or
3. Your prior approval has been obtained to:
 - a. provide a written report to another professional or agency—e.g. to a lawyer; or
 - b. Discuss the material with another person—e.g. a parent or employer.

Therapists are at times required to provide progress reports to Participants and the NDIA. This progress report outlines plan objectives and goals and whether goals are being met. Health research using de-identified data may be undertaken by this practice, by funding bodies or by this practice's technology providers, which you consent to as a client of this practice. A copy of our privacy policy can be given on request.

INFORMATION SECURITY AND ACCESS: In the course of treatment, personal information is collected to enable treatment. All notes taken in the course of treatment and all communications relating to treatment become a part of the client's clinical records. Clinical records are stored electronically in the client file, which you (or your nominated representative) consent to as client of this practice. You have a general right to access the client records (subject to some exceptions which mainly relate to privacy, health, or legal considerations) and a request must be made in writing. You have a right to amend your records and personal information if incorrect. We are required to keep client personal information for 7 years for adults, and 7 years following the 18th birthday of child clients.

YOUR RESPONSIBILITIES & RIGHTS

CONFIRMING APPOINTMENTS: We endeavour to confirm appointments via SMS and email. However, it remains your responsibility to be aware of the scheduled appointments.

TIME AND PUNCTUALITY: A consultation will usually last 50-60 minutes. If you are late, the consultation will usually still finish at the scheduled time.

CANCELLATION POLICY: Short-notice cancellations (less than 1 business days' notice) and no shows will result in a cancellation fee of 100% charged against the NDIS Plan (or credit/debit card on file if you are self-managed or you run out of NDIS funds). Our cancellation amount and period are determined by the most current NDIA Price Guides. The NDIA Price Guides change from time to time and as a user of our service you agree to such changes (e.g., If the NDIA put up/down the cancellation fee or time period for cancellation you agree to those changes).

COMPLAINTS: You (or a family member, friend or advocate) can make a complaint to any of our staff members in person, phone, and email or in writing. A copy of our complaints procedure can be given on request. You can also contact the NDIS Complaints Commissioner 1800035544 at any time.

ADVOCATE: You can get an advocate (an independent person who will speak for you) if you need help saying what you want.

SERVICE/CONSULT FEES: For Self-Managed and Nominee Managed Funds Fees are payable at the time of your appointment through direct bank transfer or through another agreed upon method of payment. All funds invoices are to be paid within 14 days or prior to next schedule session, whichever is sooner.

Please note, if your NDIS plan does not have the required funds to pay for the service you agree that you will then be personally liable for charges.

CHANGES TO THIS AGREEMENT: Changes to this agreement can be made in writing and when both parties (IKH Psychology and Yourself) agree to the changes.

EXIT PROCESS: You can end this agreement at any time. Where applicable, it is recommended to give 1 session notice so as an exit interview, and/or a handover to another provider and/or treatment summary (if applicable) can be provided.

SERVICE / CONSUT FEES

Prices are determined by the Price Limit Set out in NDIS Price Guide. These Prices are subject to change (e.g., NDIA often changes them at the beginning of the financial year) and as a user of our service you agree to these changes (e.g., if the NDIA increase/decrease the fees we will match them and you agree those new fees will replace the fees stated below).

- Capacity Building Supports for Early Childhood Intervention Assessment, Recommendation, Therapy And / Or Training
\$214.41 per 60 min session
- Capacity Building Supports – Assessment, Recommendation, Therapy And / Or Training
\$214.41 per 60min session

As a participant of IKH of our service you understand that in certain circumstances, we are entitled to charge for expenses incurred in the provision of supports. These

expenses include non-direct and non-face-to-face services including (but not limited to) Review Letters, Assessment/Progress/Treatment Reports, Support Plans, Behaviour Support Plans, Functional Assessments, Phone Calls, File Reviews, and the use of Psychometrics/Assessment tools.

These may also include certain transport and travel costs. Travel claims are for up to 30 minutes of time against the appointment the therapist is travelling but The therapist can also claim for return travel if your appointment is the final appointment in a day. These are charged at the hourly rate for the relevant support item in the NDIS Plan

OUR RESPONSIBILITIES

PROVIDE THE SERVICE ASKED FOR

BE OPEN AND HONEST ABOUT HOW WE CAN HELP

BE POLITE AND RESPECTFUL

RESPECT YOUR VALUES AND BELIEFS

ASSIST YOU TO MAKE INFORMED CHOICES

PROTECT YOU FROM VIOLENCE, ABUSE OR DISCRIMINATION

PROVIDE JOINT DECISION MAKING ABOUT THE SERVICES AND SUPPORT WE OFFER

LISTEN TO FEEDBACK AND RESOLVE ANY ISSUES

KEEP INFORMATION CONFIDENTIAL AND SECURE

ENSURE THERE IS NO CONFLICT OF INTEREST BETWEEN YOU AND STAFF

OBIDE BY ALL RELEVANT LEGISLATION

PROVIDE INVOICES/STATEMENTS

INVOICE THE CORRECT AMOUNT

APPLY GST WHEN REQUIRED

REGULARLY REVIEW HOW THE SERVICE IS WORKING FOR YOU

LET YOU KNOW IF WE WANT TO END THIS AGREEMENT

LET YOU KNOW OF DOCUMENTS RELEVANT TO USING OUR SERVICES

RELEVANT DOCUMENTS

Provided to you in person at your initial appointment are a number of important documents relating to consent, confidentiality and privacy. These can be provided in hardcopy on request.

SERVICES AND SUPPORTS

SUPPORTS YOU WILL RECEIVE (specific goals will be outlined/agreed in your support plan):

WHEN, WHERE & HOW SUPPORTS WILL BE RECEIVED (e.g., clinic, phone, video, home, etc.)

HOW LONG YOU WILL RECEIVE THESE SUPPORTS



NDIS CONSENT FORM

Permission is given for IKH Psychology to obtain and exchange appropriate written, electronic or verbal information with the following persons/agencies (circle):

NDIS Plan Manager

GP

PSYCHIATRIST

OTHER (e.g., OT, PHYSIOTHERAPIST, PSYCHOTHERAPIST, SPEECH PATHOLOGIST)

Where participant is providing consent:

I, *(print your name)*....., have read and understood this Agreement Form. I agree to the above conditions for the psychological service provided by my psychologist from IKH Psychology. I consent for the exchange of verbal and written correspondence to NDIS/ NDIA and my associated agencies as listed above.

Signature Date/...../.....

Where a Parent, Legal Guardian or Nominated Representative is providing the consent on Participants behalf.

I, *(print your name)*, have read and understood this Consent Form. I agree to the above conditions for the psychological service provided to *(insert Participant's name)* by my psychologist from IKH Psychology. I consent for the exchange of verbal and written correspondence with the NDIS/NDIA and the Participant's associated agencies.

Parent, Legal Guardian or Nominated Representative's name:

.....

Parent, Legal Guardian or Nominated Representative's signature:

.....

Date / /