



ABN: 26 528 135 974

Participant Service Agreement (SA)

PLEASE COMPLETE ALL SECTIONS (Where Possible)

Participant			
Surname		First Name	
Date of Birth		Preferred Name	
Address			
NDIS Participant No:		Phone/Email:	
Participant Representative - Parent / Guardian / Carer			
Name		Phone	
Email		Relationship	
Address			
NDIS Information			
Service Type	Occupational Therapy Functional Capacity Ax	NDIS Plan Type: (PLEASE SELECT)	
NDIS Plan Start date		NDIS Plan End date	
Current Reports:	PLEASE EMAIL ALL REPORTS to: admin@foundationofhopetherapies.com OR janajade@foundationofhopetherapies.com		
Payee's Details: PLEASE STATE:			
Plan Manager Contact Email/Phone	PLEASE STATE PLAN MANAGER EMAIL AND CONTACT DETAILS BELOW:		
Schedule of Current Supports			
ROLE	NAME	CONTACT DETAILS	FREQUENCY
Occupational Therapist	Foundation of Hope Therapies	admin@foundationofhopetherapies.com	

Foundation of Hope Therapies Participant Service Agreement – As at 1st May, 2023



ABN: 26 528 135 974

	Jana-Jade Loadsman	0481 716 504 janajade@foundationofhopetherapies.com	
Sup. Coordinator /Keyworker			
Psychologist			
Speech Therapist			
Physiotherapist			
GP			
Paediatrician			
Support Workers (Please State Primary Support Worker Only and Frequency of Support)			
Others (please list)			

Intention of Report/Goals and Purpose of Supports

Service	Please state intention for Report or Purpose of Support:
What do you aim to achieve as a result of Occupational Therapy and Other Therapeutic Supports:	
What service/support is working well at this time and why?	

Foundation of Hope Therapies Participant Service Agreement – As at 1st May, 2023



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Areas requiring Support/Assessment/Review:

Self-Care

Eating
Grooming
Bath/Shower
Dressing Upper Body
Toileting

Add Comments Here:

Bowel and Bladder

Bladder Management
Bowel Management

Mobility

Transfers: Bed/Chair/Wheelchair
Transfers: Toilet
Transfers: Tub/Shower
Transfers: Car
Locomotion: Walking/wheelchair
Locomotion: Stairs
Community Mobility

Communication

Comprehension
Expression
Reading
Writing
Speech Intelligibility

Psychosocial

Social Interaction
Emotional Status
Adjustment to Limitation
Use of Leisure Time

Cognition

Problem Solving
Memory
Orientation
Concentration
Safety Awareness

Additional ADL's

Meal Preparation
Laundry
Housework
Shopping
Finances
Work/Education

Foundation of Hope Therapies Participant Service Agreement – As at 1st May, 2023



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Statement of Goals

Statement of Goals	
Goal 1	
Goal 2	
Goal 3	
Goal 4	

Statement of Interests, Strengths and Needs

Statement of Strengths and Needs	
Participant Interests	
Participant Strengths	
What you would like participant to do better:	
Other Areas Requiring Support:	

Other Comments

Please Add Any Additional Comments Here if Required:



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CONFIRMATION OF SERVICE AGREEMENT:

(Please read the Terms and Conditions Prior to signing:)

By signing this agreement, you understand:

- What supports are being provided.
- The cost of the supports.
- Responsibilities of your provider.
- Your responsibilities.
- How long the agreement goes for and how it can be changed.
- Dispute resolution process.

AGREEMENT

Please read the Terms and Conditions

In signing below;

I/We acknowledge that I/We have been provided with reasonable access to the full terms of this Agreement;

I/We represent that I/We have read or had the opportunity to read the full terms of this Agreement; and

I/We agree to be bound by all the terms of this Agreement

The Parties agree to the terms and conditions of this Agreement:

PLEASE SIGN HERE IF YOU AGREE TO TERMS

Signature of Participant or Representative

PLEASE SIGN HERE IF YOU AGREE TO 3rd PARTY CONTACT

Signature of Participant or Representative for FOHT to Contact 3rd Party Stakeholders/Providers/Representatives as appropriate for ongoing Therapeutic Planning and Support only

Printed Name

Dated This Day Of:

 0481 716 504

 foundationofhopetherapies.com

 admin@foundationofhopetherapies.com



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September 2023



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Fee Schedule

Nb: If less hours are required for Assessments and Reports, charges will be Invoiced accordingly.

Service	Frequency	Fees Payable
Occupational Therapist Initial Assessment – Clinic Only (90 Minutes)	Initial Assessment. Required for all new intakes and Functional Capacity Assessment Reports. Any additional time will be billed accordingly at Stated Hourly Therapist Rate.	\$780.00
Occupational Therapist 50 Minute Session – Clinic Visit Only	Agreement to be sought prior to allocation of ongoing therapy sessions. Session times are for 50 Minutes only. 10 Minutes is provided for Notes. Any late shows, or overtime hours will be billed accordingly at Stated Hourly Therapist Rate.	\$260.00
Occupational Therapist 1 hour - Other Location	Due to limited availability, Agreement must be approved by OT prior to allocation of travel arrangement. Travel time will be billed accordingly at Stated Hourly Therapist Rate.	All Travel Time will be billed in 5-minute increments at Full Therapist Rate of \$260.00 Hour
eMail/Telephone/Other Non-Face to Face Communication	All telephone, email and other non-face to face communication is billed in 5-minute increments at therapy rate.	\$21.65 per 5 Minutes
Research/Planning/ Reports (Therapist) Per 5 minutes	All research and planning, including reading of reports and other non-face to face activities relating to a client are billed in 5-minute increments. Nb. If more/less hours are required for Assessments and Reports, charges will be Invoiced accordingly.	\$260.00 Hour or \$21.65 per 5 Minutes

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Functional Assessment Reports	Service Description	Total Cost
<p>Comprehensive Functional Capacity Assessment (FCA) Reports:</p> <ul style="list-style-type: none"> • Please note that these fees are in addition to Initial Assessment and Formal Assessment Reports. • REPORTS MAY TAKE UP TO 8 WEEKS TO COMPLETE once initial report fee has been received and OT has progressed writing. • DELAYS will likely be as a result of the FOHT NOT receiving the required completed Formal Assessments, sent to Carers at the time of allocating Reports. The FOHT will NOT be held liable for these Delays. And remain the responsibility of carers. • <u>EXPEDITED FCA REPORTS:</u> Fees increase for expedited FCA reports (Emergency Reports) and will be billed at 1.5 hours • NO REPORTS WILL BE RELEASED WITHOUT FULL PAYMENT. 	<p>Functional Capacity Assessment (FCA) Reports are billed with the following considerations:</p> <ol style="list-style-type: none"> 1. The total time taken to write and amend any reports completed by the Occupational Therapist 2. The type and number of Assessments required to complete FCA Reports 3. The purpose for which the FCA Report is required. <p>IE: Simple Comprehensive FCA Reports required for ongoing NDIS Plan review purposes are likely to remain around 20 - 25 Hours only.</p> <p>Complex Comprehensive FCA Reports required for those requiring Significant Plan Increases, for example such as SIL/Home and Living, or where no recent or additional reports are provided and the OT must then provide comprehensive assessment, analysis and report for NDIA purposes will likely be and/or exceed 35 to 45 hours in costs.</p> <p>PLEASE be mindful of these fees and costs for service prior to appointing the FOHT to complete reports.</p> <p>ALL FCA reports will be billed according to the projected costs PRIOR to the OT starting the report and MUST be paid for report to proceed.</p>	<p>Simple FCA Reports Start at \$5200.00 (Typically 35-60 Pages)</p> <p>Complex Comprehensive FCA Reports usually exceed \$8750.00+ (Typically 60-120 Pages)</p> <p>FCA Reports will include any or all of:</p> <ul style="list-style-type: none"> • Comprehensive Carer Interview • Extensive Review of Existing Reports • Vineland 3 Ax • WHODAS 2.0 • CANS Ax • D-REF Ax • Sensory Profile Ax • MOCA Ax • Carer Burden Ax • Other Ax <p>If more/less hours are required to complete FCA Assessments and Reports, +/-Hourly Fee will apply.</p> <p>Travel is additional.</p>



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Service	Service Description	Total Cost
<p>OT Progress Reports:</p> <p>NB: Will only be completed for clients who have been attending ongoing clinical sessions at the Foundation of Hope Therapies. And will only provide a progress of clients current service progressions only.</p>	<p>Progress Reports provide clients with a summary of the supports provided over a period of time for which they have remained engaged in ongoing Occupational Therapy services and will also likely include a statement of progressional supports required to work towards specified goal statements as provided at the start of therapy.</p> <p>They are NOT Functional Capacity Reports.</p>	<p>All reports are billed for the time required to complete these reports at the cost of \$260.00 per hour.</p> <p>Nb. If more/less hours are required for Assessments and Reports, charges will be Invoiced accordingly.</p> <p>Invoice must be paid on allocation of Draft Report/prior to release of End Report.</p>
<p>Autism Spectrum Disorder Assessment and Report</p> <p>Assessment for Autism Spectrum Disorder will be completed by Occupational Therapist Jana-Jade Loadman who is a Clinically Verified and Appointed ADOS 2 Assessor as of January, 2023.</p> <p>Verification of qualifications may be provided if required.</p>	<p>Autism Spectrum Disorder Assessment and Report includes:</p> <ul style="list-style-type: none"> • Parent/Carer Interview • ADOS Assessment (Modules 1-4 Only) • Sensory Profile Assessment • SRS-2 Assessment <p>Further Assessment Materials Often Used:</p> <ul style="list-style-type: none"> • Vineland Assessment • ADI-R Assessment • D-Ref Assessment • ABAS Assessment • WHODAS 2.0 Assessment 	<p>ADOS Assessments start at \$3200.00</p> <p>NB: If longer interviews are required or if follow up time exceeds those allocated times appointed by the FOHT, costs will exceed minimum fee stated above.</p> <p>Report Summary requires minimum Assessment Materials to be completed and returned.</p> <p>Invoice must be paid prior to allocation of ADOS Assessment or to release Draft Report/Final Report.</p>



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Other Reports	Service Description	Total Cost
<p>Vineland Adaptive Behaviour Scales (3rd Edition)</p> <p>(NB: Included in ALL Functional Capacity Assessment Reports)</p>	<p>The Vineland Assessment of Adaptive Behaviour Scales, 3rd edition is considered the most comprehensive formal assessment tool available, and comprehensively analyses an individual's actual observed functional abilities to attend to all portions of their daily tasks and activities, required for ordinary life.</p>	<p>Formal Assessment is completed by Carers and or Teachers.</p> <p>Depending on report detail, Simple Report Summary and Assessment report starts off at \$780.00.</p> <p>Comprehensive detail report will be additional and billed at hourly Therapist Rate.</p>
<p>Sensory Profile (Adult) and Sensory Profile 2 (Child) Assessment and Report.</p>	<p>The Sensory Profile and Sensory Profile 2 family of assessments provides a comprehensive and standardized assessment tool to help evaluate a child's sensory processing patterns in the context of home, school, and community-based activities.</p> <p>As well as providing individualised and appropriate interventional strategies to support the individual to attend to daily life tasks and activities, across their daily environments.</p>	<p>Formal Assessment is completed by Carers and or Teachers.</p> <p>Depending on report detail, Simple Report Summary and Assessment report starts off at \$780.00.</p> <p>Comprehensive detail report will be additional and billed at hourly Therapist Rate.</p>
<p>Bruininks-Oseretsky Test of Motor Proficiency, 2nd Ed, (BOT-2) Assessment and Report</p>	<p>The BOT-2 is considered the most precise and comprehensive motor skills assessment tool available, and measures fine and gross motor proficiency, with subtests that focus on stability, mobility, strength, coordination, and object manipulation.</p> <p>The test is tailored to children and young adults ages 4 to 21 years, who have varying motor control abilities ranging from normal to mild or moderate disability and/or delay.</p>	<p>Formal Assessment Procedures takes approx. 60-90 minutes to complete.</p> <p>Depending on report detail, Assessment and Simple Report Summary starts off at \$780.00.</p> <p>Comprehensive report will be additional and billed at hourly Therapist Rate.</p>

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Other Reports	Service Description	Total Cost
<p>Other Reports or Assessments Available:</p> <ul style="list-style-type: none">• BEERY VMI• Handwriting Assessment• Ages and Stages Assessment and Interventional Therapies Report• Functional Behaviour Assessment and Report Plan• Personalised Learning Plan	<p>NB: We are constantly skilling ourselves with the latest reports and Assessment materials, please contact us if a specific Assessment is required.</p>	<p>POA</p> <p>Please discuss considerations for other Assessment procedures and also the Purpose and suitability of Assessment Reports and Report Summaries with your attending Occupational Therapist if any additional assessments are recommended for you at any time</p>



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Terms & Conditions

1. Fee Schedule

1.1 Initial Appointment

All new clients will be required to attend an Intake appointment in Clinic when commencing services with Foundation of Hope Therapies. Zoom can be arranged in special circumstances. This appointment includes:

- 30 minutes to create client profile, read through referral form and any additional reports provided
- 90 minutes individual 1:1 therapy session
- Schedule of services planning and implementation, session notes, correspondence and collaboration with families, educators, or other stakeholders up to 60 minutes

1.2 Standard Therapy

Clinic / Zoom / Home / Preschool / Kindy / School / Other:

- Includes 45 minutes individual 1:1 therapy session
- Session planning, session notes, correspondence and collaboration with families, educators, or other stakeholders up to 15 minutes
- Travel fees apply to all mobile services

1.3 Travel Fees

Foundation of Hope Therapies providers will bill from the therapists' usual place of work to or from the participant or between participants.

- Foundation of Hope Therapies are also able to charge all above relevant travel fees for therapeutic supports delivered by both Level 1 and Level 2 Therapy Assistants, as per NDIS guidelines.
- Participants are urged to consider clinic-based sessions wherever possible to keep these fees to a minimum.
- Clinical visits do not incur a travel fee.

1.4 General Correspondence

For all non-face to face communication, relevant charges will be set to 15-minute increments for pricing reference. This ensures fairness for all parties.

- These fees are payable for all non-face to face consultations and communications relating directly to the client and include digital and telecommunication exchanges requiring direct input with qualified therapy staff, such as time spent on phone, time spent replying to email communications, time spent discussing report items report writing and similar.
- Research undertaken by a capacity building provider specifically linked to the needs of a participant and to the achievement of the participant's goals may also be billable as a non-face-to-face support.

1.5 Therapy Assistant

Foundation of Hope Therapies utilise therapy assistants to assist our senior therapist with implementing plans and procedures, running our group programs, and ensuring smooth running of day-to-day operations.

- All our therapy assistants are undertaking further studies in the Allied Health field and have had experience in working with individuals with all needs.

1.6 NDIS Progress Reports

Providers are expected to provide progress reports to the participant and NDIS.

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- A report is considered a report that is required prior to the commencement of a plan which outlines plan objectives and goals, and at plan review which measures functional outcomes against the originally stipulated goals.
- Providers are also expected to make recommendations for ongoing identified needs (informal/community/mainstream and/or funded supports).
- One NDIS Progress Report will be provided during this Service Agreement for NDIS Plan renewal.
- A Progress Report can also be produced upon request, for NDIS Change of Circumstance requirements or alike.

Participants requesting a report, will need to arrange a 90-minute parent/carer/guardian session with a therapist to discuss the plan for the report and recommendations.

1.7 Assessments – Various - Refer to Schedule of Rates for Individual prices

Assessment fees are individually priced to each Assessment item and will vary accordingly.

- Assessments will be billed to your plan to be paid 1 week in advance of Assessment due date.
- Foundation of Hope Therapies representatives will only complete Assessments in which they are deemed professionally necessary to ensure the best intervention planning for your child/or the person in which they are providing care.
- All therapists at the Foundation of Hope are bound by professional standards as set out in reach relevant professional body which we hold our professional registration.

1.8 Late Arrivals

Late arrivals will be seen for the remainder of their appointment time only.
It is our goal to stay on schedule to the best of our abilities.

1.9 Cancellation Policy

At Foundation of Hope Therapies, we value consistent and high-quality intervention

- If the participant makes a short-notice cancellation, which is anytime in the 24-hour period prior to the service, the provider will charge 100% cancellation fee for your appointment.
- Where a participant fails, at short-notice or without notice, to keep the scheduled arrangement for the support, the provider will make every effort to contact the participant to determine if there is an additional problem (e.g., the person has fallen out of bed and cannot raise an alarm, or there is a sudden breakdown in the informal Services and additional support is likely to be required).
- Should your therapist arrive at your scheduled appointment and you and your child are not at home or at the location of the appointment with no prior notice, the scheduled session including travel will be charged at 100% of the scheduled fee for that session.
- Where Foundation of Hope Therapies cancels a support due to operational reasons, the service will be rescheduled at no penalty to either party.
- Where multiple cancellations or no shows occur in a 12-month period, Foundation of Hope Therapies will initiate contact with the family and their support network to establish the supports we are providing are best suited to the family dynamics and the needs of the child.
- In the event of an emergency, Foundation of Hope Therapies may waive cancellation fees. Please contact your allocated therapist if you believe this fits your circumstances at your earliest convenience.

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2. Payments

2.1 Self-Managed

If the client / client representative has chosen to self-manage the funding for NDIS supports provided under this Service Agreement.

- Self-Managed clients will be required to pay for their supports in full on the day of service delivery. We accept direct debit, eftpos and cash.
- The Provider will seek full payment for their provision of services at the conclusion of the appointment. Payment is agreed to be made by the participant or the person assuming primary responsibility for the participant (parent/carer/guardian) when agreeing to engage via Service Agreement with the Foundation of Hope Therapies.
- Should these details change at any time, it is the responsibility of the participants authorised legal representative to update these details at the time of their change. Please send this information in writing through to admin@foundationofhopetherapies.com within 7 days of any change.

2.2 Plan Managed

If the client has nominated the Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement;

- Service Agreement will be sent to Plan Manager to commit NDIS Funds
- After providing those supports, Foundation of Hope Therapies will claim payment for those supports from the service provider by sending the Plan Management Provider an invoice for services after delivery. **Payments must be made within 7 days to continue**

2.3 Requested documents


Any reports, letters of recommendations or other such documents requested are the property of Foundation of Hope Therapies until payment has been made in full.

- Reports will only be released upon request from a registered Health provider or Legal representative to ensure Privacy of Information is maintained.
- Reports will only be released to participants and nominated personnel once payment has been received in full.

2.4 Fees, Costs and Expenses

Upon signing this Agreement, the client agrees to the payment terms as set above in Payments, as well as the following clauses;

- A Cleaning Fee of \$250, payable on demand from the provider if the provider reasonably determines that the facility requires cleaning from participant misuse of equipment, materials or other.
- Any fees specified in the Fees Schedule (if applicable and any reasonable costs incurred by the provider in collecting late or unpaid Fees, or in enforcing this Agreement in any way including, but not limited to, postage, telephone, debt collection or personnel costs and any Default Action costs.
- The client is responsible for payment of any out-of-pocket expenses payable in respect of this Agreement.
- Medicare rebates are the responsibility of the client. Doctor assigned Mental Health Care Plans and Primary Health Care Plans attract a \$52.00 rebate only. Out of pocket costs are the responsibility of the participant. Not the service provider.
- Subject to the provisions of this Agreement, if the provider does not receive payment of any sum payable to it in accordance with the provisions of this Agreement, the participant will be deemed to be in default of its obligations under this Agreement and the provider may take such Default Action as it deems appropriate.

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2.5 Price Information

All prices will be adjusted accordingly should there be a change in the NDIS price guide during the service agreement period if applicable services apply. We also remain within our rights to increase fees as we see fit.

PLEASE NOTE:

Whilst we do our best to ensure that budgets are adhered to, **it is the client's responsibility to ensure that their appointment time is used wisely.** Any additional clinical time spent either face to face with your allocated Therapist, completing non face to face communication such as phone or email contact with your allocated Therapist, and also your therapist completing research, planning, reports, assessments and other communication exchanges on your behalf of the client for which this agreement pertains, will be billed in 15-minute increments at the rate of \$193.99 per hour.

3. Responsibilities

3.1 Responsibilities of Provider

The Provider agrees to:

- Once agreed, provide Services that meet the Participant's needs at the Participant's preferred times;
- Review the provision of supports at least 6-monthly with the Participant or an authorised participant representative
- Once agreed, provide supports that meet the participant's needs at the participant's preferred times
- Communicate openly and honestly in a timely manner
- Treat the participant with courtesy and respect
- Consult the participant on decisions about how supports are provided
- Give the participant information about managing any complaints or disagreements and details of the provider's cancellation policy
- Listen to the participant's feedback and resolve problems quickly
- Where possible, give the participant a minimum of 24 hours' notice if the provider has to change a scheduled appointment to provide supports
- Protect the Participant's privacy and confidential information
- Provide supports in a manner consistent with all relevant laws, including the *National Disability Insurance Scheme Act 2013* and rules, and the Australian Consumer Law; keep accurate records on the supports provided to the Participant, and give the Participant the required notice if the Provider needs to end the Agreement (see '[Ending this Service Agreement](#)' below for more information);
- provide Services in a manner consistent with all relevant laws, including the *National Disability Insurance Scheme Act 2013* and rules, and the Australian Consumer Law; keep accurate records on the Services provided to the Participant; and
- Issue regular invoices and when requested statements of the supports delivered to the Participant.

3.2 Responsibilities of the Participant/Participant's Representative

The Participant/Participant's Representative agrees to:

- Inform the Provider about how they wish the Services to be delivered to meet the Participant's needs;

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- treat the Provider with courtesy and respect;
- Talk to the Provider if the Participant has any concerns about the Services being provided;
- Give the Provider a minimum of 24 hours' notice if the Participant cannot make a scheduled appointment; and if the notice is not provided by then, the Provider's cancellation policy will apply;
- Give the Provider the required notice if the Participant needs to end the Agreement (see '[Ending this Service Agreement](#)' below for more information);
- Let the Provider know immediately if the Participant's NDIS Plan is suspended or replaced by a new NDIS Plan or the Participant stops being a participant in the NDIS.
- It is the responsibility of the client or their nominated representative to manage their time and funding as **per clause 2**.
- In signing the Service Agreement, declare that all provided information is true and correct and authorise Foundation of Hope Therapies Clinic to rely on this information for the purpose of providing relevant health services specific to existing injury/disability/condition.
- In signing the Service Agreement, it is acknowledged that Foundation of Hope Therapies are not certified medical practitioners and does not provide advice of a medical nature, and therefore by signing this form consent to the treating practitioner and their seniors to discuss historical, current, and future treatment and planning needs with General Practitioner and any other relevant Health practitioners, and primary stakeholders where treatment is received from. I hereby release to the full extent permitted.

3.3 Mutual Responsibilities of the Provider and Participant/Participant's Representative

- **Changes to this Service Agreement**

If changes to the Services or their delivery are required, the Parties agree to discuss and review this Agreement. The Parties agree that any changes to this Agreement will be in writing, signed and dated by the Parties.

- **Ending this Service Agreement**

Should either Party wish to end this Agreement they must give 1-month notice.

If either Party seriously breaches this Agreement the requirement of notice will be waived.

4 General

4.1 General

- If any clause, term, or provision of this Agreement is legally unenforceable or is made inapplicable, or in its application would breach any law, that clause, term or provision shall be severed or read down, but so as to maintain (as far as possible) all other terms of this Agreement.
- No failure or delay by the provider to exercise its rights under this Agreement will operate to waive or reduce such rights.
- The provider enters into this Agreement for itself and on behalf of its directors and employees.
- This Agreement constitutes the entire agreement between the provider and the participant and supersedes and extinguishes all previous discussions, correspondence, negotiations, agreements, assurances, warranties, representations, and understandings between them (whether written or oral).

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4.2 Privacy

- Foundation of Hope Therapies has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their personal information.
- The provider may collect information about the participant, including the participants Personal Information (as defined in the Privacy Act 1988 (Personal Information)), to assist in the provision of services to the participant, maintaining the participants account, and providers enforcement of this Agreement in any way.

4.3 Termination

This Agreement may be terminated:

- After the expiry of the Fixed Period, by either party giving written notice to the other party (for a period not less than the Termination Notice Period), or, in the case of the provider not being unable to contact the participant, by the provide giving such notice; or
- By the provider, without notice and at any time, if:
- The provider reasonably determines that any of the participants activities in respect of the services are otherwise threatening or offensive.

Upon termination of the Agreement (for any reason), the participant must:

- Pay any outstanding Fees and any other amounts payable by the provider under this Agreement up to the date of termination, failing which, the provider may take any Default Action.
- The provider will calculate such amounts and notify the participant in writing as soon as practicable.

If the provider reasonably believes that the participant will not perform its obligations under clause 3 (Participant Responsibilities) or the participant fails to respond in a reasonable period to any notices sent by the provider

- the provider may, but is not obliged to, take further action.

Liability for outstanding moneys, property damage, personal injury, and legal responsibility under this Agreement survive termination of this Agreement.

4.4 Default and Default Action

- The participant acknowledges that all services provided are subject to a contractual lien for Fees owing to the provider by the participant. If any Fees are not paid in full within 42 days of the due date, the provider may take default action.
- The provider will provide at least 14 days' written notice to the participant that the participant is in default of this Agreement before taking any Default Action, providing the participant with reasonable time to rectify its default.
- If any funds are recovered by the provider from any Default Action, such funds shall be applied by the provider as follows:
- first, to pay the providers costs of, and associated with, taking any Default Action; and
- second, to pay all outstanding Fees owed by the participant and any costs or expenses incurred by the provider.
- This clause survives termination of this Agreement.

4.5 Indemnity

The Participant/Participant's Representative must indemnify and hold the Provider harmless from and against all claims and losses arising from loss, damage, expense, liability, injury to the Participant, by reason of or arising out of the services supplied to the Participant by the Provider within or outside of the scope of this Agreement.

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Contacts, Feedback & Complaints

Contacts, Feedback & Complaints	
If the participant wishes to give the provider feedback, the participant can talk to Jana-Jade Loadsman on 0421 720 828 or email your feedback in writing to janajade@foundationofhopetherapies.com and we will aim to address any feedback, complaints, and disputes in a timely and acceptable manner.	
Director & Occupational Therapist	Chief Executive and Accounts Officer
Jana-Jade Loadsman janajade@foundationofhopetherapies.com 0481 716 504	Shane Loadsman admin@foundationofhopetherapies.com 0455 535 268

Primary Contact Details

Jana-Jade Loadsman Director & Senior Consultant Occupational Therapist			
Email	janajade@foundationofhopetherapies.com	Phone	0481 716 504
Shane Loadsman Chief Executive and Accounts Officer			
Email	admin@foundationofhopetherapies.com accounts@foundationofhopetherapies.com	Phone	0481 716 504 or 0455 535 268

Please don't hesitate to contact us, if you have any questions regarding the information herein.

Kindest regards,

JanaJade Loadsman




0481 716 504

Director
Specialist & Consultant Occupational Therapist
PhD Candidate
Academic Researcher
Foundation of HOPE Therapies
AHPRA Provider NO: OCC00002276514

Shane Loadsman

0481 716 504

Chief Financial Executive Officer
Foundation of HOPE Therapies
Suite 16, 9-15 Abbott Street,
CAIRNS CITY QLD 4870

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-  foundationofhopetherapies.com
-  admin@foundationofhopetherapies.com

