

SERVICE AGREEMENT – Occupational Therapy

NOTE: A Service Agreement can be made between a Participant and a Provider or a Participant's representative and a Provider. A Participant's representative is someone close to the Participant, such as a family member or friend or someone who manages the funding for supports under a Participant's National Disability Insurance Scheme (NDIS) plan.

Parties

Participant Details

| | |
|--|--|
| Name | |
| Address | |
| Phone/ Mobile | |
| Email | |
| NDIS Number | |
| Representative Name (if applicable) | |
| Contact Details (if different from above) | |
| Relationship to Participant | |

Provider Details

| | |
|---------------------|--|
| Contact name | |
| Company | Ipswich Therapy Centre Pty Ltd |
| Phone | 07 3812 1204 |
| Email | admin@ipswichtherapycentre.com.au |
| Address | |

The term of the Service Agreement will commence on the nominated start dateand cease on the NDIS review due date ____.

Purpose of the Agreement

This Service Agreement is made for the purpose of providing supports under the Participant's NDIS plan to meet their goals.

The Parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

- Support the independence, social and economic participation of people with disabilities; and
- Enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

Services Provided

The Provider agrees to provide Occupational Therapy (OT) services to the Participant that align and assist to achieve their NDIS goals.

Services may include but are not limited to:

- Functional Capacity Assessments, including access to NDIS and NDIS review
- Therapy and group therapy may include skill building Daily Living Activities, gross/fine motor skills, social and communication skills, goal planning, emotional regulation, cognition
- Advice and support around equipment/ assistive technology including NDIS applications or sourcing equipment to include trials
- Assessments for Home Modifications including design, obtaining quotes and NDIS applications
- Working with families/carers and stakeholders to build their capacity to assist and build on their strengths and integrate into the community
- Travel to appointments and charged as per the current guidelines at venue as agreed
- Attending meetings, phone calls, emails with Participant, Participant's Representative, other service providers, stakeholders, and significant others
- Preparing and providing clinical documentation including notes, assessments, or reports
- Researching and sourcing resources

Provider Responsibilities

The Provider agrees to:

- Treat the Participant with courtesy and respect;
- Communicate openly and honestly and in a timely manner;
- Protect the Participant's privacy and confidential information;
- Develop a Therapy Plan that progress NDIS goals in collaboration with the Participant and others as required;
- Review the provision of Therapy every 6 months with the Participant;
- Provide Therapy that meets the Participant's needs at the agreed and preferred times;
- Provide Therapy in an environment agreed upon between the Participant and the Therapist, including but not limited to site visits, home visits, school visits and in rooms appointments.

- Participant's feedback and resolve problems quickly and provide the Participant with information about managing Complaints or Disputes;
- Discuss any costs associated with materials and resources for therapy and where necessary negotiate expenses
- Provide the Participant, 24 hrs' notice where possible if the Provider has to change or cancel a scheduled appointment;
- Provide the Participant with the required notice if the Provider needs to end the Service Agreement, see "Ending this Service Agreement" for further details;
- Provide Therapy 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 Therapy provided;
- Provide invoices and statements for the Therapy and any additional supports delivered.

Participant/ Participant's Representative Responsibilities

The Participant agrees to:

- Provide a copy of the Participants NDIS number and goals from your NDIS Plan;
- Discuss with the Provider how the Participant would like Therapy to be delivered to achieve your goals and needs;
- Treat the Provider with courtesy and respect;
- Communicate openly and honestly and in a timely manner;
- Discuss with the Provider, any concerns the Participant may have regarding Therapy or supports being provided;
- Provide a minimum of 24 hrs' notice to the Provider if the Participant is unable to keep a scheduled appointment or see "Cancellation Policy" for further details;
- Provide the Provider with the required notice if the Participant needs to end the Service Agreement, see "Ending this Service Agreement" for further details; and
- The Participant must 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 of the NDIS.

Fees

The fees for Therapy sessions and other supports provided are set out in the attached Schedule of Supports. All prices are GST inclusive, if GST is applicable. Fees are calculated in 15-minute increments, unless otherwise stated.

Additional expenses i.e., things that are not included as part of a Participant's NDIS Plan are the responsibility of the Participant and are not included in the Schedule of Supports. Examples include entrance fees, event tickets, meals, etc.

Goods and Services Tax (GST)

Many, but not all, supports provided to NDIS Participants are GST-free. You can find further information about the NDIS and GST on the Australian Taxation Office website.

Attachment 1 – Schedule of Supports for Occupational Therapy

| Supports List the name of the supports | Description of Support List the details of the support, including scope and volume. | Fees List the price of the support e.g., per hour/ per session/ per unit. | How support is provided List how often and where e.g., in rooms, home, school, etc. |
|--|--|---|---|
| 1. Providing Face-to-Face ongoing advice and support to improve daily living | Including but not limited to consultations in rooms, home visits school visits or, telehealth, consultations. This may include individual or group sessions to discuss goal setting, lifestyle changes, equipment trials, major & minor modification application preparations, and Therapy sessions. All Face-to-Face visits to be negotiated at a time suitable to all Parties. | In line with NDIS Price Guide for Therapy \$193.99 per hour and charged in 15-minute increments. One hour minimum charge for home/ school visits. | |
| 2. Provide Non-Face to Face support and advice to improve daily living | Including but not limited to phone calls with participants and other involved parties, resourcing and problem solving, report writing, completing progress notes, clinical correspondence, planning trials for prescribed equipment, planning & organising major and minor home modifications. Consent will be obtained prior to any Third-Party involvement. | In line with NDIS Price Guide for Therapy \$193.99 per hour and charged in 15-minute increments. | |
| 3. Travel | Travel to/ from additional site. This includes any location outside of the Ipswich Therapy Centre office as agreed between the Participant and the Provider. | In line with NDIS Price Guide for Provider Travel. Travel is calculated from the Ipswich Office \$193.99 per hour and charged in 15-minute increments. There will be no charge for local metropolitan Ipswich travel i.e., less than 5 KM's drive from the office. Provider Travel: Non-Labour Costs is calculated based on NDIS Travel KM Calculator from the Ipswich Office address and charged at \$1.00/ KM. | |
| TOTAL | | | |

Attachment 1 – Schedule of Supports for Allied Health Assistant

| Supports List the name of the supports | Description of Support List the details of the support, including scope and volume. | Fees List the price of the support e.g., per hour/ per session/ per unit. | How support is provided List how often and where e.g., in rooms, home, school, etc. |
|--|---|--|---|
| 1. Providing Face-to-Face ongoing advice and support to improve daily living | All Face-to-Face visits to be negotiated at a time suitable to all Parties. Individual or group Sessions are under the supervision of the treating therapist as directed by the therapy plan. | Therapy Assistant Level 1 In line with NDIS Price Guide for Therapy \$56.16 per hour and charged in 15-minute increments. Therapy Assistant Level 2 In line with NDIS Price Guide for Therapy \$86.79 per hour and charged in 15-minute increments. One hour minimum charge for home/ school visits. | |
| 2. Provide Non-Face to Face support and advice to improve daily living | Including but not limited to phone calls with participants and other involved parties, resourcing and problem solving, report writing, completing progress notes, clinical correspondence, planning trials for prescribed equipment, planning & organising major and minor home modifications. Consent will be obtained prior to any Third-Party involvement. | Therapy Assistant Level 1 In line with NDIS Price Guide for Therapy \$56.16 per hour and charged in 15-minute increments. Therapy Assistant Level 2 In line with NDIS Price Guide for Therapy \$86.79 per hour and charged in 15-minute increments. | |
| 3. Travel | Travel to/ from additional site. This includes any location outside of the Ipswich Therapy Centre office as agreed between the Participant and the Provider. | Provider Travel: Non-Labour Costs is calculated based on NDIS Travel KM Calculator from the Ipswich Office address and charged at \$1.00/ KM. | |
| TOTAL | | | \$ |

Payments

The Provider will seek payment for the provision of their Services and failure to pay may result in Termination of the Service Agreement.

- ☐ **NDIA Managed:** The Provider will claim payment for all services managed by National Disability Insurance Agency (NDIA).
- ☐ **Nominee Managed:** The Provider will email invoices to the Participant's Nominee's email address to claim payment for all services that are Nominee-Managed. The Nominee will pay the invoices within 7 days or prior to the next booked appointment whichever is the earlier, via direct deposit to the Providers nominated bank account or EFT. Failure to make payments, may result in future appointments being suspended.

Name and Contact details of the Nominee if different to the Participants Representative:

- ☐ **Plan Managed:** The Provider will email invoices to the Participant's nominated Plan Manager's email address to claim payment for all services that are Plan Managed. The Plan Manager will pay the invoices within 7 days via direct deposit to the Providers nominated bank account and provide a Remittance Advice. admin@ipswichtherapycentre.com.au

Name and Contact details of the Plan Manager:

- ☐ **Self-Managed:** The Provider will email invoices to the Participant's nominated email address to claim payment for all services that are Self-Managed. The Participant will pay the invoices within 7 days or prior to the next booked appointment whichever is the earlier, via direct deposit to the Providers nominated bank account or EFT. Failure to make payments, may result in future appointments being suspended.

Cancellation Policy

The Participant must provide 24 -48 hrs written notice to the Provider of cancellation or rescheduling of an appointment. The Participant agrees that the Provider may charge a cancellation fee in accordance with the current NDIS Price Guide.

The Participant acknowledges that the cancellation of 3 continuous appointments without adequate notification, may result in the Service Agreement being terminated.

Ending this Service Agreement

Should either Party decides to end the Service Agreement they must give 1 weeks notice written notice.

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

The Agreement may be terminated in cases where there are frequent cancellations/payments are not made or funding has run out, however this will be communicated with the other party and negotiated where possible. Re entry to service may require an new or amended Service Agreement.

Feedback, Complaints and Disputes

If a Participant wishes to provide feedback, make a complaint, or discuss a dispute with the Company, the Participant can email admin@ipswichtherapycentre.com.au or call the Ipswich Therapy Centre on 07 3812 1204 or complete a Feedback form. A Feedback Form can be obtained from the Administration Team or is available to download online from the Ipswich Therapy Centre website

www.ipswichtherapycentre.com.au. Please return your Feedback Forms to admin@ipswichtherapycentre.com.au or post to Shop 2/ 11 Ellenborough Street, Ipswich Qld 4305.

The Participant can also contact the NDIA by calling 1800 800 110 or visiting one of their offices in person or the NDIS website ndis.gov.au for further information and details. You can also contact the NDIS Quality and Safeguards Commission on 1800 035 544.

Risk and Emergency Management

In the case of emergency, would you require ITC to respond to provide assistance to avoid further serious risk? Yes (please add to Risk register) No

In an emergency disaster situation contact needs to be made with me within
48 hours 4 days 1 week 2 weeks

What would you like ITC to do in the case of an emergency in the session or if you are not home or do not respond when staff visits home (no show) and the action needs to be taken

Contact:

You Carers Emergency Services Others

Contact details:

Can you identify any risks that the therapist should be aware of?

No Yes **(please fill out Risk Details and consider filling out Individual Risk Profile if more detail needed)**

Risks Details:

Examples: Pressure Areas, Falls, Seizures, Diabetes, Heart Issues, Self harm, Sensory issues, Verbal Aggression, Physical Aggression, Substance use, Absconding, Child Safety, Family Conflict, Court/police issues, Poor Risk of Disengagement

Does a Behaviour Support Plan exist? Yes No

AGREEMENT SIGNATURES

The Parties agree to the terms and conditions of the Service Agreement.

Signature of Participant/ Representative

Name of the Participant

Date

Signature of authorised Representative

Name of Occupational Therapist

Date

Copies of Service Agreement are to be saved within the Participants file, provided to the Participant, provided to the Plan Manager or Nominee Manager if applicable and the Administration Team if the Participant is NDIA Managed to ensure a Service Bookings is created.

Changes to the Service Agreement

Should the Service Agreement require any changes, then both Parties agree to discuss and review the Service Agreement. The Parties agree that any changes to the Service Agreement will be in writing, signed, and dated by all Parties on the “Amendments to the Service Agreement” section below.

Amendment to the Service Agreement

Details of Amendment

The Parties agree to this Amendment to the Service Agreement.

| | |
|--|-------------------------|
| | |
| Signature of Participant/ Representative | Name of the Participant |

Date

| | |
|--|--------------------------------|
| | |
| Signature of authorised Representative | Name of Occupational Therapist |

Date



Helping you live, rest & play

Consent to Share Information

I understand information about myself and my disability is collected by Ipswich Therapy Centre in accordance with the Privacy Act 2009 and the information is stored securely as per Ipswich Therapy Centre's Privacy, Dignity and Confidentiality Policy. This information is confidential and only shared with others outside the organisation for my benefit and with my permission. This includes my personal information, information about support and therapy I receive, and any photographs, audio or videos taken. I understand that in an emergency or where there is a risk to myself or others this may be done outside written permission including court mandate. Some de-identified information is collected and may be shared with Government Agencies.

I, _____ give Ipswich Therapy Centre permission to share information about me/ my child with the following nominated services or individuals.

| | | | |
|---|-----|----|----|
| NDIS staff including Local Area Coordinator | Yes | No | NA |
| Support Coordination | Yes | No | NA |
| Support Staff | Yes | No | NA |
| Plan Manager | Yes | No | NA |
| General Practitioner | Yes | No | NA |
| Government Agencies | Yes | No | NA |
| Other Service Providers involved in my care | Yes | No | NA |
| Family/ Carers (name)_____ | Yes | No | NA |
| School/ Pre-School/ Kindy/ Child Care_____ | Yes | No | NA |
| Other_____ | Yes | No | NA |

Please specify below, if there is anyone that you do not wish your care and/ or support needs to be shared with:

I understand I can withdraw/ change consent at any time by informing my Occupational Therapist.

Name of participant

Signature of Participant/ Representative

____/____/____

Date