

This agreement is between Whole Heart	s and Minds Services (WHAM) and;	
Participant's name:		of
Participant's Address:		
NDIS Participant Number:		
Represented by:	Relationship:	

# Agreement to provide Supports

This Agreement is in accordance with the rules and the goals of the National Disability Insurance Scheme (NDIS).

WHAM agrees to provide Art Therapy to you to assist you to work towards meeting your goals as identified in your NDIS plan.

This Service Agreement works in conjunction with your current NDIS plan. If you would like Art Therapy in future NDIS plans, this Service Agreement applies upon confirmation of continuation of our services.

## 1 USING WHAM FOR OTHER SERVICES

The WHAM Art Therapy team is independent of any other service that WHAM may provide, such as Counselling or Psychosocial Recovery Coaching. You can use your choice of provider for all of your services, and do not need to engage WHAM for all services. You can cancel one service at any time without impacting on the other.

## 2 CHANGING OR ENDING THIS SERVICE AGREEMENT

If changes to the Service Agreement are required, WHAM and yourself agree to discuss and review this Service Agreement.

Additions or requests for change of services do not require a change to the Service Agreement but can be requested in a form of your choice. This request will be kept on file.

The Service Agreement remains current unless:

- a. the services provided to you by WHAM are no longer funded in your current or future NDIS Plan/s provided to us by you, and no agreement for Fee for Service is entered into, or
- b. you or WHAM cancel the Agreement.

WHAM and you agree you are able to end this Service Agreement if services are no longer needed.

WHAM does not have a notification period, except for where a certain amount of report writing or coordination of other providers will be required to finalise our service. In this case the notification period will be discussed with you and will be no more than 14 days.

If WHAM or you seriously breach this Service Agreement the requirement of notice will be waived.

#### 3 FEEDBACK, COMPLAINTS AND DISPUTES

WHAM welcomes your feedback on our services, as feedback helps us improve how we do things, and makes sure we are working in line with our values. We also see complaints as an important part of our continuous quality improvement audits and processes.

Our Director is here to listen to you confidentially. Feedback and complaints can be made either in person, verbally, or in writing to <a href="mailto:admin@whamservices.com.au">admin@whamservices.com.au</a>

WHAM will respond to any complaint received within three (3) business days of receiving the complaint.

If you are not satisfied with WHAM's response, you can contact the **National Disability Insurance Agency** by calling **1800 800 110**, visiting their offices in person, or visiting <u>www.ndis.gov.au</u> for further information.

The WHAM complaints and dispute resolution policy and feedback from will be available on our website.

## 4 PRICING AND PAYMENTS INCLUDING CANCELLATIONS

You will be charged for all work completed on your behalf, which may be completed directly with you or for session planning and preparation; post-session case-noting and record keeping, review report writing. This is an hourly rate, and WHAM charges in line with the current NDIS pricing arrangements guide fee for services.

You can discuss how you would like your budget to be used with your Art Therapist during your first meeting.

We charge travel fees according to NDIS policies and charge each way for mobile services if you are the last client of the day.

WHAM reserves the right to change pricing in line with NDIS Pricing Arrangements updates.

WHAM does not charge GST on NDIS funded services in line with exemption guidelines for disability services.

WHAM charges cancellation fees for appointments, as per current NDIS guidelines. This means that where fewer than 7 days' notice of a cancellation is given by the participant, the late cancellation fee will be charged. Exceptions occasionally apply as sometimes unexpected issues arise, and we understand that. Late cancellation fees will be charged in the event that you do not arrive for a scheduled appointment and in the event you leave an appointment before the entire scheduled appointment time has ended.

The WHAM and NDIS Cancellation Policy can be found on our website www.WHAMservices.com.au

### 5 INVOICING AND STATEMENTS

WHAM invoice weekly, and claim according to how your NDIS plan funding is managed.

If your NDIS funding is:

**Self-managed** by you or your nominee, WHAM will send you an invoice for payment by the Monday following your appointment.

**Plan Managed** by a Financial Intermediary (Plan Manager), WHAM will send invoices directly to your plan manager on your behalf for payments. You can also request we send it to you to forward to your Plan Manager if you prefer.

## Schedule of Supports

Please complete the following section and provide the NDIS line item number you wish to be billed from. Some commonly-used line item numbers are provided, however you may choose to be billed from a different part of your plan. If this is the case, please manually enter the line item number and its description in the space provided below. Please enter the number of hours you wish to book in advance (standard appointments are one hour long so please advise on this form if you are requesting appointments of a different duration).

Line-	item number:	Description:	Number of hours:		
□ <b>1</b> 5_	610_0128_1_3	Therapeutic Support: Improved Daily Living Skills (Art Therapy)			
□ o1_	741_0128_1_3	Therapeutic Support: Assistance with Daily Life (CORE)			
Please bill my NDIS plan from the following line-item number:					
Appoir	ntments will be:				
☐ Weekly  (Please note: we recommend weekly appointments at first so that a strong therapeutic relationship can be built. We also require a commitment to 4 weekly appointments before signing a service agreement for ongoing appointments. This is a four-week assessment period – for the participant and the therapist to determine whether they are the "right fit" for each other, and for the participant to get a full experience of Art Therapy before deciding whether to continue or not)					
	Fortnightly				
	Monthly				
needed Please a	for travel. Trave llow for up to ha	AM's mobile services, please tick the box below and enter the numel hours are billed against the same line-item number as the service alf an hour each way and note that the return travel fee will only be client of the day for the therapist.	e (above).		
		ng WHAM's mobile service and agree to be billed for up to the same line item I have nominated in the table above.	hours		

#### 6 WHAM RESPONSIBILITIES

#### WHAM will:

- a. treat you with courtesy and respect, and communicate openly and honestly in a timely manner and a format of your choosing
- b. consult you on decisions about how our services are provided
- c. listen to your feedback and resolve problems quickly
- d. give you information on how complaints or grievances are managed
- e. protect your privacy and confidentiality and right to choice and control
- f. give you a minimum of 24 hours' notice if a change is required to a scheduled appointment to provide supports, where possible
- g. keep clear records on services provided that you are able to request at any time
- h. provide supports in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 (Cth) and rules, and the Australian Consumer Law.

## 7 YOUR RESPONSIBILITIES

#### You will:

- a. provide WHAM with a copy of your NDIS plan for the purposes of Support Coordination
- b. let WHAM know if restrictive practices come into effect, so we can implement the right supports
- c. let WHAM know immediately if there are any changes to the NDIS Plan that affects the services provided under this agreement, including any changes, suspension or reviews.
- d. let WHAM know immediately if you nominate someone else to assist you in managing your NDIS Plan to coordinate your service providers and supports
- e. let WHAM know if you change your address or contact details
- f. give WHAM as much notice as possible if you cannot make a scheduled appointment to avoid cancellation fees
- q. treat WHAM personnel with courtesy and respect
- h. talk to WHAM if you have any concerns about the services or supports beingprovided.

## 8 ACKNOWLEDGEMENT

☐ I do not have a restrictive practice in place

# 9 AGREEMENT SIGNATURES

All parties agree to the te	rms and conditions of this	Service Agreement.	
You			
Signature:		Name:	
Date:			
OR YOUR NOMINEE/L	EGAL GUARDIAN		
Signature:		Name:	
Date:			
WHAM AUTHORISEI	D PERSON		
Signature:	Name:		
Position:	Date:		_
	ny other Service Providers,	, after obtaining specific permiss nformation to support my art the	
Signature:		Name:	
Date:			
OR YOUR NOMINE	E/LEGAL GUARDIAN	V	
Signature:		Name:	
Date:			