Believe and Achieve Paediatric Therapy

Suite 11, 261 Queen Street Campbelltown NSW 2560

believeandachievetherapy.com.au

ABN 47 662 696 282

INITIAL FORMS

Child's Full Name: _____

Child's DOB: _____

Child's Gender: _____

Child's Diagnoses: _____

Funding Type: ☐ Self-Managed ☐ Plan Managed ☐ Private Paying

NDIS Number: _____

NDIS Plan Start: _____

NDIS Plan End: _____

Plan Manager: _____

Plan Manager Email: _____

If self-managed or private paying, please note your contact information in place of the Plan Manager for receipts to be sent to.
If private paying, please also note your Medicare card number in place of the NDIS number so this can be noted on your child's file and invoices.

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THERAPY PACKAGE REQUIRED

Please tick the box to indicate which therapy service(s) you are booking in for.

- ☐ Occupational therapy in clinic
- ☐ Occupational therapy mobile visit
- ☐ Speech therapy in clinic
- ☐ Speech therapy mobile visit
- ☐ Key worker / Early childhood teacher in clinic
- ☐ Key worker / Early childhood teacher mobile visit
- ☐ Psychotherapy in clinic
- ☐ Psychotherapy mobile visit
- ☐ Junior Achievers Group Therapy
- ☐ Reports Required:_____

Please tick the box to indicate how frequently you will be receiving the service(s)

- ☐ Weekly
- ☐ Fortnightly

Office Use Only:

Total funding amount required: _____

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SERVICE AGREEMENT

Parties
This Service Agreement is for your child (the Participant), and is made between yourself (the Parent / Guardian) and Believe and Achieve Paediatric Therapy.

Summary of Supports
This Service Agreement is made for the purpose of providing therapy services. Believe and Achieve Paediatric Therapy agrees to supply therapeutic intervention consisting of the following services:

- Assessment and reporting as required
- Face-to-face services
- Travel charges for mobile therapy sessions as required
- Parent / educator coaching as required
- Non face-to-face services as required
- Reports and letters of recommendation as required / requested

Believe and Achieve Paediatric Therapy's Responsibilities
Believe and Achieve Paediatric Therapy agrees to:

- Review the provision of therapy services with the Parent / Guardian regularly
- Communicate openly and honestly in a timely manner
- Treat the Participant with courtesy and respect
- Protect the Participant's privacy and confidential information
- Keep accurate records on the supports provided to the Participant
- Provide support in a manner consistent with all relevant laws, and the Australian Consumer Law
- Provide progress reports as requested / required

Parent / Guardian of Participant's Responsibilities
I, the Parent / Guardian, agree to:

- Adhere to allotted time slot for therapy, and assist the Participant to transition from the clinic once their face-to-face time has concluded
- Provide and receive verbal feedback / updates during the allotted face-to-face time
- Talk to Believe and Achieve Paediatric Therapy if I have any concerns about the services or the supports being provided
- Provide copies of therapy goals
- Communicate openly and honestly in a timely manner
- Give Believe and Achieve Paediatric Therapy reasonable notice (see Cancellation Policy) should I need to change any arrangement so that appropriate adjustments, if necessary, can be made
- Give Believe and Achieve Paediatric Therapy reasonable notice (see Cancellation Policy) should I wish to cease this agreement

Cancellation Policy
If I, or the Participant, cannot attend a scheduled session, I will notify Believe and Achieve Paediatric Therapy via email as soon as possible. Cancellation notices must be submitted in writing via email to reception@believeandachieveot.com.au

Late Arrivals
The full session fee will be charged. Sessions will conclude at the scheduled time regardless of late arrival.

Cancellations
Cancellations made within two (2) clear business days of the scheduled session will incur a charge of 100% of the session fee, including travel time for mobile sessions.

No-Shows
Failure to attend without providing the required notice will incur a charge of 100% of the session fee.

Planned Absences
Therapy spaces are reserved for the Participant at the agreed frequency (weekly or fortnightly). To maintain a therapy space, consistent and regular attendance is required, with an 80% attendance rate during school terms (excluding school holidays).

Planned Absences
- A planned absence is a cancellation made with more than two (2) clear business days' notice.
- For weekly therapy, no more than two (2) planned absences per term are allowed.
- For fortnightly therapy, no more than one (1) planned absence per term is allowed.
- Late cancellations due to illness or unforeseen circumstances are not included in the 80% requirement.

Exceeding Planned Absences
Families exceeding the allocated planned absences can:
- Request alternate services during their allotted therapy time (e.g. resource preparation, reports, teacher/educator communication, parent session, or home programming).
- Opt to pause therapy, allowing another child to utilise the space.

Therapist Absences
If the Participant's regular therapist is unavailable due to illness or scheduled leave, Believe and Achieve Paediatric Therapy will make every effort to arrange an alternate therapist for the same appointment time. The alternate therapist will follow a session plan prepared by the Participant's regular therapist to ensure continuity of care.

Changes to this Agreement / Ceasing Services
Either party may request significant changes to the timing or delivery of supports with at least two (2) weeks of written notice. Written notice must be provided during standard business hours and will be taken to commence from the time it is received by Believe and Achieve Paediatric Therapy.

If either party wishes to terminate this Agreement, two (2) weeks of written notice is required. Written notice must be provided during standard business hours and will be taken to commence from the time it is received. Any cancellations during the notice period will be charged.

Payment Terms and Conditions
Regular Payments
Believe and Achieve Paediatric Therapy will seek payment for supports on a regular basis. Prices are subject to change, with two (2) weeks of written notice provided prior to billing any updates. Review our current price list here.

Overtime and Travel
Sessions exceeding the allotted time will incur additional charges. Travel for mobile services is billable and calculated based on travel time to and from the therapy location, up to 30 minutes, at the applicable therapy rate.

Invoicing for Plan Managed Participants
Invoices will be issued to the plan manager following the provision of services, with payment required within seven (7) days. Should the plan manager fail to make payment, the Parent / Guardian is required to settle the outstanding account and may seek reimbursement directly from the plan manager. Failure to pay may result in future appointments being deferred until payment is received.

Invoicing for Self Managed Participants
Invoices will be issued following the provision of services, with payment required within seven (7) days. If payment is not received within this timeframe, the credit card securely stored on file will be automatically charged. Failure to pay may result in future appointments being deferred until payment is received.

Invoicing for Private Participants
Full payment is due on the day of service via EFTPOS, with an itemised receipt provided for claiming rebates through Medicare and / or Private Health Funds. If EFTPOS payment cannot be processed in person, the credit card on file will be charged and an itemised receipt will be provided. Failure to pay may result in future appointments being deferred until payment is received.

Debt Recovery and Failure to Make Payment
If an invoice remains unpaid after the specified payment period, Believe and Achieve Paediatric Therapy may suspend further services until the outstanding amount is settled.

Where payment remains outstanding despite reasonable attempts to obtain settlement, the account may be referred to an external debt recovery agency. All costs associated with debt recovery, including agency fees, legal fees and any additional administrative charges, will be added to the outstanding balance and become the responsibility of the Parent / Guardian.

Feedback, Complaints and Disputes
Believe and Achieve Paediatric Therapy values your feedback. To provide feedback, please contact the clinic director, Ruby Challita at 0404 615 759 or email admin@believeandachieveot.com.au.

For concerns or complaints, refer to the provided complaints procedure and contact Ruby Challita as the first point of contact, if appropriate.

If the issue remains unresolved or is of a serious nature, you may contact the NSW Ombudsman at 02 9286 1000 or 1800 451 524, email nswombo@ombo.nsw.gov.au, or submit a complaint form available at www.ombudsman.gov.au.

Privacy Policy, Information and Consent
Believe and Achieve Paediatric Therapy will maintain a confidential patient file to document all relevant information during the intervention period.

All personal information is securely stored in a digital database on Halaxy, and all physical files are kept in a locked filing system at Suite 11, 261 Queen Street, Campbelltown NSW 2560.

I, the Parent / Guardian, give consent for Believe and Achieve Paediatric Therapy to discuss the Participant's goals and progress with the following parties:

- Educator(s) directly involved
- Other allied health involved
- Paediatrician
- NDIS representatives

Agreement
I, the Parent / Guardian, confirm that I have read this agreement and that I agree with the terms and conditions, as indicated by my signature below.

Signature: _____

Full Name: _____

Date: _____

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RISK INDEMNIFICATION

Acknowledgement of Risks
I, the Parent / Caregiver, acknowledge that I have been informed of the nature, purpose, and expected outcomes of therapy services provided by Believe and Achieve Paediatric Therapy.

I understand that participation in therapy sessions, group programs, and activities may occur across a range of environments, including clinic-based, home, school, daycare, community, and Telehealth settings where applicable.

I acknowledge that participation in therapy involves inherent risks. These may include, but are not limited to:

- Injuries resulting from the use of therapy equipment, tools, or materials
- Reactions to sensory or environmental activities
- Physical or emotional discomfort during therapeutic interventions
- Unforeseen incidents occurring within therapy environments or during off-site sessions

I understand that participation in therapy is voluntary and that I may withdraw consent at any time.

I acknowledge that Believe and Achieve Paediatric Therapy takes reasonable steps to minimise risk in accordance with professional standards and safe practice guidelines.

Parent / Caregiver Responsibility and Supervision
I, the Parent / Caregiver, acknowledge that I remain the participant's legal guardian and retain overall responsibility for the participant's health, safety, and wellbeing at all times.

For clinic-based sessions, I agree to remain on site and/or available for the duration of the session unless otherwise agreed in writing.

For mobile sessions (including home, school, and daycare settings), I agree to be contactable and able to attend if required.

I understand that:

- In home settings, I am responsible for providing a safe and appropriate environment for therapy
- In school or daycare settings, education staff maintain their duty of care within that environment, and therapy is delivered in collaboration with staff present
- Responsibility for the participant is shared within the context of the environment, however I remain the primary decision maker and legal guardian

Medical Information Disclosure

I, the Parent / Caregiver, confirm that I have provided accurate and up-to-date information regarding the participant's medical history, diagnoses, allergies, medications, behavioural considerations, and any conditions that may impact participation in therapy.

I agree to inform Believe and Achieve Paediatric Therapy of any changes to this information as soon as practicable.

Health and Medical Responsibility

I acknowledge that Believe and Achieve Paediatric Therapy provides allied health therapy services and does not provide medical or emergency healthcare services.

I understand that therapy staff are not acting in the capacity of medical practitioners and are not responsible for the ongoing medical management of the participant.

I acknowledge that I am responsible for managing the participant's medical needs, including the provision of any medications, medical equipment, or health supports required during sessions.

Release of Liability

To the extent permitted by Australian law:

- I acknowledge that participation in therapy involves inherent risks and accept responsibility for those risks
- I release Believe and Achieve Paediatric Therapy, its employees, contractors, and representatives from liability for injury, loss, or damage arising from participation in therapy services, except where such injury, loss, or damage is caused by negligence

Emergency and Safety Response

In the event of a medical or safety concern:

- I authorise Believe and Achieve Paediatric Therapy to contact emergency services and/or relevant medical professionals as required
- I consent to the sharing of relevant information with emergency services where necessary
- I understand that staff will respond within the limits of their role and training to support safety until appropriate assistance is available
- I agree to bear any costs associated with medical treatment or transportation

Parent / Guardian Authority

I, the Parent / Caregiver, confirm that I am the parent or legal guardian of the participant and have the authority to provide consent on the participant's behalf.

Declaration
I, the Parent / Caregiver, confirm that I have read and understood this document. I acknowledge the risks outlined above and voluntarily agree to the terms of this Risk Indemnification and Informed Consent.

Signature: _____

Full Name: _____

Date: _____