



## NDIS Service Agreement

### Parties

This Service Agreement is for:

Client First Name: \* \_\_\_\_\_  
Client Surname: \* \_\_\_\_\_  
Client Date of Birth: \* \_\_\_\_\_  
Client Phone: \_\_\_\_\_  
Client Email: \_\_\_\_\_  
NDIS Number: \* \_\_\_\_\_

A participant in the National Disability Insurance Scheme (client), and is made between:

Service Provider Representative: \* Deborah Agnew-Riddell  
Service Provider: \* Nurturing Hands Allied Health Assistance (NHAHA)  
Date: \* \_\_\_\_\_

### The NDIS and this Service Agreement

This Service Agreement is made for the purpose of providing AHA services under the Client's NDIS plan.

A copy of the client's NDIS Plan is/is not attached to this Service Agreement. 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 and social and economic client of people with disability; 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.
- NDIS plan to be provided to NHAHA.

### Schedule of Services

NHAHA agrees to provide the client AHA services in the following disciplines Physiotherapy / Occupational Therapy / Speech Therapy<sup>1</sup>. The services and their prices are set out in the attached Schedule of Services. All prices are GST exclusive.

### NHAHA Responsibilities

NHAHA agrees to:

- Review the provision of services at least annually with the client
- Once agreed, provide services that meet the client's needs at the client's preferred times
- Communicate openly and honestly in a timely manner
- Treat the client with courtesy and respect
- Consult the client/client representative on decisions about how services are provided;
- Give the client/client representative information about managing any complaints or disagreements and details of NHAHA's cancellation policy.
- Listen to the client's feedback and resolve problems quickly;

<sup>1</sup> Circle appropriate services



- Give the client/client representative a minimum 24 hours notice (if possible) if NHAHA has to change a scheduled appointment to provide services;
- Give the client/client representative the required notice if NHAHA needs to end this Service Agreement<sup>2</sup>
- Protect the client’s privacy and confidentiality
- Provide supports in a manner consistent with all relevant laws, including the *NDIS Act 2013* and Rules and the Australian Consumer Law;
- Keep accurate records on the services provided to the client; and
- Will issue invoices and statements of the services delivered to the client, as per the NDIA Terms of Business, as requested.

### Responsibilities of the Client/Client Representative

The Client/Client Representative agrees to:

- Inform NHAHA about how they wish the services to be delivered to meet the client’s needs
- Treat NHAHA workers with courtesy and respect
- Talk to NHAHA if the client/client representative has any concerns about the supports being provided;
- Give NHAHA the required notice if the client cannot make a scheduled appointment, noting that if the notice is not provided, NHAHA cancellation policy applies;
- Give NHAHA the required notice if the client/client representative needs to end this Service Agreement<sup>3</sup>; and
- Let NHAHA know immediately if the client’s NDIS plan is suspended or replaced by a new NDIS plan or the client stops being a participant in the NDIS.

### Payments

NHAHA will seek payment for their provision of services after the services have been delivered.

SELF-MANAGED: The client/client representative has chosen to self-manage the funding for NDIS services provided under this Service Agreement. After providing those services, NHAHA will send the client/client representative an invoice for those services for the client/client representative to pay. The client/client representative will pay the invoice by direct debit/EFT within 7 days.

MANAGED – The client/client representative has nominated the Plan Management Provider to manage the funding for NDIS services provided under this Service Agreement. After providing those services, NHAHA will claim payment for those services from:

Plan Manager Provider Name: \* .....  
 Plan Manager Email Address: \* .....  
 Start Date: \* .....

### Changes to this Service Agreement

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

---

• <sup>2</sup> refer “Ending this Service Agreement” below for more information

<sup>3</sup> refer “Ending this Service Agreement” below





### Ending this Service Agreement

Should either party wish to end this Service Agreement they must give two (2) weeks notice. If either party seriously breaches this Service Agreement the requirement of notice will be waived.

### Feedback, Complaints and Disputes

If the client/client representative wishes to give NHAHA feedback or is not happy with the provision of services and wishes to make a complaint, the client/client representative can talk to Deborah Agnew-Riddell on 0419 54 59 51 or email [deb@nurturing-hands.com.au](mailto:deb@nurturing-hands.com.au).

If the client/client representative is not satisfied or does not want to talk to this person, at any time, they can make a complaint to the NDIS Commission. Complaints to the NDIS Commission can be lodged:

- Online at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au), or
- By phone on 1800 035 544

### Cancellation Policy

At NHAHA we value consistent and high-quality intervention. If you need to cancel an appointment it is recommended it occur at least 24 hours before your appointment to avoid a cancellation fee. If you contact NHAHA within 24 hours of your appointment, there will be a cancellation fee of 90% charged to your account. Should your AHA arrive at your scheduled appointment and the client is not at the location of the appointment with no prior notice, the scheduled session will be charged at 100% of the scheduled fee for that session. Where NHAHA cancels a service 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, NHAHA will initiate contact with the client/client representative to establish the services that are best suited to the family dynamics and the needs of the client.

#### I have read and understood the cancellation policy\*

-----

### Contact Details

The Client Representative can be contacted on:

Client Representative Name: \* -----  
 Alternative Contact Person: -----  
 Phone: \* -----  
 Email Address: \* -----

NHAHA can be contacted on:

Name: \* Deborah Agnew-Riddell -----  
 Phone: \* 0419 54 59 51 -----  
 Email Address: \* [Deb@Nurturing-Hands.com.au](mailto:Deb@Nurturing-Hands.com.au) -----  
 Postal Address: 1/9 Berkley Street -----  
 WANTIRNA SOUTH VIC 3152 -----



Schedule of Services

I/We agree to pay for AHA services provided by NHAHA through claiming against the National Disability Insurance Scheme (NDIS) Service Plan. Working with the NDIS we have been allocated funding for the service year.

Start Service Date: \* -----

Finish Service Date: \* -----

NHAHA agrees to provide the client AHA services for the duration of the agreement at the agreed rate of \$80.00/hour. These include:

- Implementing therapy plans prescribed by the client’s AHP
Clinically relevant communications including phone calls/written programs/communication with other health professionals (any task that takes more than 10 minutes will be invoiced)
Attendance at team meetings/case conferences
Assessment and trial of equipment as required
Any reports, forms or letters as required by the NDIS or requested by the client/client representative
Cancellation charges for late notice or no-show appointments

Nb. Public Holiday, Saturday & Sunday rates are charged at Double-time (i.e. \$160.00/hour)

NHAHA reserves the right NOT to provide service or to cancel any future appointments for the client if you do not have sufficient funds in your plan or your plan expires. Any service fees not met by NDIS will be covered by the client/client representative.

Frequency of service: \* Weekly / Fortnightly / Monthly / As scheduled

Where the service will be provided: \* Home / School / Other 4

The total funding claimed by this service over the period of this service agreement will be at the scheduled rate of: \$80.00/hour

Price and Payment Information

AHA sessions will be charged at \$80.00/hour, exclusive of GST. Any client transportation will be charged at \$0.85/kilometre plus GST.

All prices will be adjusted if there is any change in the NDIS price guide during the service agreement period.

NHAHA will claim funding from the following support category5: \_\_\_\_\_

4 Please specify

5 Insert category



**Agreement Signatures**

The parties understand and agree to the terms and conditions of this Service Agreement.

Signature of Client/Client  
Representative: \*  
Name of Client/Client  
Representative: \*  
Dated: \*

-----  
-----  
-----

Signature of NHAHA  
Representative:  
Name of NHAHA  
Representative:  
Dated: \*

-----  
Deborah Agnew-Riddell  
-----  
-----