



## NDIS Service Agreement

<b>Provider</b>	Nurturing Hands Allied Health
<b>ABN</b>	70 682 174 812
<b>Address</b>	15 Caromar Street, Croydon Vic 3136
<b>Phone</b>	0419 54 59 51
<b>Email</b>	deb@nurturing-hands.com.au
<b>Website</b>	<a href="https://nurturing-hands.com.au">https://nurturing-hands.com.au</a>

<b>Participant Name</b>	_____
<b>NDIS Number</b>	_____
<b>Date of Birth</b>	_____
<b>Representative (if applicable)</b>	_____
<b>Agreement Start Date</b>	_____
<b>Agreement End Date</b>	_____

### 1. Purpose of this Agreement

This Agreement outlines the supports and services Nurturing Hands Allied Health ("we", "our", "us") will provide to the Participant under their National Disability Insurance Scheme (NDIS) plan, and the rights and responsibilities of both parties. Our aim is to deliver high-quality allied health services in a supportive and respectful environment.

### 2. Services to Be Provided

We agree to provide the following supports:

- Allied Health Assistance in the following modalities:
  - Occupational Therapy
  - Behavioural Therapy
  - Speech Pathology
  - Physiotherapy

A full description of our services is available on our website: [Get More Therapy](#).

### 3. Service Delivery

- Services will be delivered at [Client's Home/Our Clinic/Telehealth/Other Venue (specify)].
- We will schedule appointments as per mutual agreement.
- Should circumstances change, both parties will communicate promptly.

### 4. Responsibilities

Our Responsibilities

- Provide supports that meet the Participant's needs at scheduled times.



- Consult the Participant about how supports are delivered.
- Treat all information as private and confidential (see our Policies & Procedures).
- Issue invoices for services delivered.
- Listen to and work to resolve any concerns or complaints.

#### Your Responsibilities

- Inform us if your NDIS plan changes, or if you no longer wish to receive services.
- Provide us with relevant information that will help us provide appropriate supports.
- Attend scheduled appointments or provide at least 24 hours' notice to cancel.
- Pay any required fees within the agreed timeframe.

### 5. Fees & Billing

- Fees for our services will align with the current NDIS Price Guide.
- Participants or their representatives will be invoiced after services are delivered.
- Payment terms: [insert payment terms, e.g., 14 days from date of invoice].
- If services are Self or Plan Managed, invoices will be sent to the Participant or their NDIS Plan Manager.
- For NDIA-Managed participants, claims will be lodged electronically via the NDIS portal.

Our current rates and billing policies can be found here: [Forms and Documentation](#).

### 6. Changes and Cancellation

- Either party may end this agreement by giving 2 weeks written notice.
- Cancellations made with less than 24 hours notice may incur a cancellation fee in line with ND'S guidelines.
- Any amendments to this agreement will be made in writing.

### 7. Feedback, Complaints, & Disputes

We value your feedback and aim to resolve concerns quickly. Raise concerns with our team via:

- Email: [deb@nurturing-hands.com.au](mailto:deb@nurturing-hands.com.au)
- Phone: 0419 54 59 51
- Contact form: [Contact Us](#)

If unresolved, participants may contact the NDIS Quality and Safeguards Commission at 1800 035 544.

### 8. Privacy & Confidentiality

All personal information is handled in accordance with privacy law and our [Privacy Policy](#).

We will not disclose personal information without consent except as required by law.

### 9. Consent to Exchange Information

By signing this agreement, you give consent for Nurturing Hands Allied Health to share relevant information with other service providers, health professionals, and your funding body for the purpose of supporting your ND'S plan implementation, unless otherwise advised by you in writing.

## 10. Agreement Acceptance

By signing below, all parties agree to the terms and conditions outlined in this service agreement. This agreement will remain in effect from the start date until the end date specified above or until otherwise terminated in accordance with Section 6.

### Participant or Representative

**Name**

**Signature**

**Date**

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### Nurturing Hands Allied Health (Provider)

**Name**

**Signature**

**Date**

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.....  
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For more information on our services and your rights, visit: [nurturing-hands.com.au](http://nurturing-hands.com.au)