

NDIS SERVICE AGREEMENT-ADULT

This Agreement is made according to the rules and the goals of the National Disability Insurance Scheme (NDIS).

NAME: _____

DOB: _____ **AGE:** _____ **MALE/FEMALE** _____

COUNTRY OF BIRTH: _____ **ETHNICITY:** _____

NOMINATED REPRESENTATIVE/CARER (if applicable): _____

EMERGENCY CONTACT: _____ **PHONE:** _____

ADDRESS: _____ **SUBURB:** _____ **POST CODE:** _____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

HEALTH PROFESSIONALS INVOLVED IN MY CARE: _____

DIAGNOSES (MEDICAL/MENTAL HEALTH): _____

NDIS PLAN PROVIDED _____ **YES/NO** _____

WHO PAYS INVOICES (tick) Self-Managed Plan Managed

Plan Nominee NDIA Managed

Please provide contact details if Plan Managed

TERMS OF SERVICE

Welcome to The Psychology Hub. Our terms of service and your rights and responsibilities in relation to information security, access and confidentiality as well as your obligations regarding fees, cancellations and the supports you receive.

INFORMATION SECURITY AND ACCESS

PERSONAL INFORMATION: All information obtained during your treatment is kept confidential and secure, except when:

- (1) It is subpoenaed by a court;
- (2) Failure to disclose the information would place you or another person at risk of harm; or
- (3) Your prior approval has been obtained to:
 - (a) provide a written report to another professional or agency—e.g. to a lawyer; or
 - (b) Discuss the material with another person—e.g. a parent or employer.

Therapists are at times required to provide progress reports to Participants and the NDIA. This progress report outlines plan objectives and goals and whether goals are being met. Health research using de-identified data may be undertaken by this practice, by funding bodies or by this practice's technology providers, which you consent to as a patient of this practice.

INFORMATION SECURITY AND ACCESS: In the course of treatment, personal information is collected to enable treatment. All notes taken in the course of treatment and all communications relating to treatment become a part of the patient's clinical records. Clinical records are stored electronically in the patient file on Healthkit, which you (or your nominated representative) consent to as patient of this practice. You have a general right to access the patient records (subject to some exceptions which mainly relate to privacy, health, child consent or legal considerations) and a request must be made in writing. We are required to keep patient personal information for 7 years.

YOUR RESPONSIBILITIES

CONFIRMING APPOINTMENTS: We endeavour to confirm appointments via SMS or email. However, it remains your responsibility to be aware of the scheduled appointments.

TIME AND PUNCTUALITY: A consultation will usually last 60 minutes. If you are late, the consultation will usually still finish at the scheduled time.

CANCELLATION POLICY: We ask that you kindly give us as at least 48 hrs notice via email or telephone for appointment cancellations and reschedules. Short-notice cancellations (less than 2 business days' notice) and no shows will result in a cancellation fee of 90% charged against the NDIS Plan.

COMPLAINTS: You can make a complaint to any of our staff members in person, phone, and email or in writing. A copy of our complaints procedure can be given on request. NDIS participants can lodge a complaint with the NDIS Quality and Safeguards Commission by Phoning: 1800 035 544 Or completing a complaint contact form on their website www.ndiscommission.gov.au

SERVICE/CONSULT FEES: For Self-Managed and Nominee Managed Funds Fees are payable at the time of your appointment. For all other funds invoices to be paid within 7 days. Payments accepted include cash, BPAY, automatic debit of funds via Healthkit using the debit/credit card you provided.

CHANGES TO THIS AGREEMENT: Changes to this agreement can be made in writing and when both parties (The Psychology Hub and Yourself) agree to the changes. You can end this agreement by giving us 7 days' notice.

P: 1300 3666 14 **W:** www.thepsychologyhub.com.au **E:** info@thepsychologyhub.com.au

ABN: 26 519 219 656

SERVICE/CONSULT FEES (circle those that apply):

1. ALL PLANS (self, agency and plan managed) : Price Limit Set out in NDIS Price Guide
 - a. Improved Daily Living Skills-
 - i. Individual Counselling \$156.15
 - ii. Individual Assessment, Therapy And/Or Training \$214.41
 - b. Improved Relationships-
 - i. Specialist Behavioural Intervention Support \$214.41
 - ii. Behaviour Management Plan & Training in Behaviour Management Strategies \$193.99

*Progress Reports are charged at the hourly rate for the relevant support item in the NDIS Plan.

In certain circumstances, we may be entitled to charge for expenses incurred in the provision of supports. These may include certain transport and travel costs. Travel claims are for up to 20 minutes of time against the appointment the therapist is travelling to, at the hourly rate for the relevant support item. The therapist can also claim for return travel if your appointment is the final appointment in a day.

I agree travel costs can be claimed YES/NO

OUR RESPONSIBILITIES

- ✓ PROVIDE THE SERVICE ASKED FOR
- ✓ BE OPEN AND HONEST ABOUT HOW WE CAN HELP
- ✓ BE POLITE AND RESPECTFUL
- ✓ PROVIDE JOINT DECISION MAKING ABOUT THE SERVICES AND SUPPORT WE OFFER
- ✓ LISTEN TO FEEDBACK AND RESOLVE ANY ISSUES
- ✓ KEEP INFORMATION CONFIDENTIAL AND SECURE
- ✓ OBEY BY ALL RELEVANT LEGISLATION
- ✓ PROVIDE INVOICES/STATEMENTS
- ✓ INVOICE THE CORRECT AMOUNT
- ✓ APPLY GST WHEN REQUIRED
- ✓ REGULARLY REVIEW HOW THE SERVICE IS WORKING FOR YOU
- ✓ LET YOU KNOW IF WE WANT TO END THIS AGREEMENT

SUPPORTS YOU WILL RECEIVE:

WHEN, WHERE & HOW YOU WILL RECEIVE THESE SUPPORTS:

HOW LONG YOU WILL RECEIVE THESE SUPPORTS

FEES – relevant fees are circled in the service/consult fees section

CONSENT

CONSENT TO SHARING INFORMATION: Permission is given for *Jasmine Koretz, clinical psychologist* to obtain and exchange appropriate written or verbal information with the following persons/agencies (circle): NDIA NDIS Plan Manager

OTHER (GP, Psychiatrist, Psychologist)

Permission is given until I withdraw my authority in writing or for the following period from the date of this authority: In writing 1 year 2 years Other _____

By signing this form, I declare that the information is true and correct. I acknowledge that I have read and understood the terms and conditions. I authorize my psychologist to store my clinical records on Healthkit Pty Ltd. I authorize Healthkit Pty Ltd ABN: 62 131 908 597 to store my debit/credit card and debit payments from my nominated debit/credit card stored on Healthkit when I have or cancel an appointment or are provided with a service from The Psychology Hub (only applies to self-managed funds). I acknowledge Healthkit will appear on my bank statement. I understand that Healthkit Pty Ltd Terms and Conditions can be found on their website or that I can request a copy from my psychologist.

Name: _____ Signature: _____ Date: _____

Nominated representative (if applicable): _____ Signature: _____ Date: _____

Psychologists Name: _____ Signature: _____ Date: _____