NDIS SERVICE AGREEMENT-CHILD

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

NAME: _____

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

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

PARENT/CAREGIVER 1: _____ **DOB:** _____

ADDRESS: _____

SUBURB: _____ **POST CODE:** _____

PHONE: _____ **EMAIL:** _____

PARENT/CAREGIVER 2: _____ **DOB:** _____

ADDRESS: _____

SUBURB: _____ **POST CODE:** _____

PHONE: _____ **EMAIL:** _____

HEALTH PROFESSIONALS INVOLVED IN MY CARE: _____

_____

_____

SCHOOL: _____ **YR:** _____ **TEACHER:** _____

DIAGNOSES (MEDICAL/MENTAL HEALTH/DISABILITY): _____

_____

ARE YOU CONCERED ABOUT YOUR CHILD IN ANY OF THE FOLLOWING AREAS?

ACADEMICS/LEARNING	YES/NO	COGNITIVE/IQ SKILLS	YES/NO
SELF CARE SKILLS	YES/NO	LANGUAGE/COMMUNICATION SKILLS	YES/NO
SOCIAL RELATIONSHIPS	YES/NO	BEHAVIOUR	YES/NO
EMOTIONALLY	YES/NO	INATTENTION/ENERGY/IMPULSIVITY	YES/NO
SOCIAL/COMMUNITY PARTICIPATION	YES/NO	PHYSICAL SKILLS	YES/NO

OTHER _____

_____

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NDIS PLAN TO BE PROVIDED YES/NO

WHO PAYS INVOICES (tick) ☐ Self-Managed ☐ Plan Managed

☐ Plan Nominee ☐ NDIA Managed

NDIS PARTICIPANT NUMBER:

Details for invoicing if Plan Managed:

TERMS OF SERVICE

Welcome to The Psychology Hub Pty Ltd. Our terms of service and your rights and responsibilities as the patient and/or parent in relation to information security, access and confidentiality as well as obligations regarding fees, cancellations and the support you will receive.

INFORMATION SECURITY AND ACCESS

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

(1) It is subpoenaed by a court;

(2) Failure to disclose the information would place the patient or another person at risk of harm;

(3) Your (parent and/or young person where appropriate) 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, educator, health professional

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. A copy of our privacy policy can be given on request.

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 Halaxy, which you consent to or as a parent or 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. You have a right to amend your records and personal information if incorrect. We are required to keep patient personal information for 7 years after ceasing engagement with your treating psychologist, and up to age 25 years for a young person under the age of 18.

YOUR RESPONSIBILITES

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.

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CANCELLATION POLICY: Short–notice cancellations (less than 2 business days' notice) and no shows will result in a cancellation fee of 100% charged against the NDIS Plan (or credit/debit card on file if you are self-managed or you run out of NDIS funds). Our cancellation amount and period are determined by the most current NDIA Price Guides. The NDIA Price Guides change from time to time and as a user of our service you agree to such changes (e.g., If the NDIA put up/down the cancellation fee or time period for cancellation you agree to those changes).

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 and found on our website. You can also lodge a complaint with the NDIS Complaints Commissioner 1800 035 544 at any time.

ADVOCATE: You can get an advocate (an independent person who will speak for you) if you need help saying what you want.

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 Halaxy using the debit/credit card you provided. Please note, if your NDIS plan does not have the required funds to pay for the service you agree that you will then be personally liable for charges.

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.

EXIT PROCESS: You can end this agreement by giving us 4 weeks' notice. As part of the exit process we will offer you an exit interview, to complete a client satisfaction survey (which can also be found on our website), and/or a handover to another provider and/or treatment summary (if applicable).

SERVICE/CONSULT FEES:

1. ALL PLANS (self, agency and plan managed): Our prices are determined by the Price Limit Set out in NDIS Price Guide. These Prices are subject to change (e.g., NDIA often changes them at the beginning of the financial year) and as a user of our service you agree to these changes (e.g., if the NDIA increase/decrease the fees we will match them and you agree those new fees will replace the fees stated below).
    a. Improved Daily Living Skills and Assistance with Daily Life
        i. Capacity Building Supports for Early Childhood $214.41
        ii. Individual Counselling $156.15
        iii. 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

* As a user of our service you understand that in certain circumstances we are entitled to charge for expenses incurred in the provision of supports. These expenses include non-direct and non-face-to-face services including (but not limited to) Review Letters, Assessment/Progress/Treatment Reports, Support Plans, Behaviour Support Plans, Functional Assessments, Phone Calls, File Reviews, and the use of Psychometrics/Assessment tools. These may also include certain transport and travel costs. Travel claims are for up to 30 minutes of time against the appointment the therapist is travelling to. The therapist can also claim for return travel if your appointment is the final appointment in a day. These are charged at the hourly rate for the relevant support item in the NDIS Plan.
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OUR RESPONSIBILITIES

- ✓ PROVIDE THE SERVICE ASKED FOR
- ✓ BE OPEN AND HONEST ABOUT HOW WE CAN HELP
- ✓ BE POLITE AND RESPECTFUL
- ✓ RESPECT YOUR VALUES AND BELIEFS
- ✓ ASSIST YOU TO MAKE INFORMED CHOICES
- ✓ PROTECT YOU FROM VIOLENCE, ABUSE OR DISCRIMINATION
- ✓ PROVIDE JOINT DECISION MAKING ABOUT THE SERVICES AND SUPPORT WE OFFER
- ✓ LISTEN TO FEEDBACK AND RESOLVE ANY ISSUES
- ✓ KEEP INFORMATION CONFIDENTIAL AND SECURE
- ✓ ENSURE THERE IS NO CONFLICT OF INTEREST BETWEEN YOU AND STAFF
- ✓ OBIDE 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
- ✓ TO LET YOU KNOW OF DOCUMENTS RELEVANT TO USING OUR SERVICE

RELEVANT DOCUMENTS
On our website and in our waiting area you will find a number of easy read documents (participant induction pack, decision and making and consent, privacy and confidentiality) and our complaints and feedback forms. These are were also provided to you in a link in your initial appointment confirmation and appointment reminder emails. These can be provided in hardcopy on request.

SUPPORTS YOU WILL RECEIVE (specific goals will be outlined/agreed in your support plan):

WHEN, WHERE & HOW YOU WILL RECEIVE THESE SUPPORTS (e.g., in clinic, phone, video, home, community):

HOW LONG YOU WILL RECEIVE THESE SUPPORTS

CONSENT

Dear parent/caregiver/primary carer/legal guardian

Working with young people presents certain issues and legislation that psychologists must adhere to. The following clarifies where our role as a Psychologist starts and ends. It also outlines our ethical and legal responsibilities with regards to working with young people.

A young person is defined as "someone under the age of 18years old". A client-parent (or parents) is "the person who engages the psychologist to provide a psychological service for a young person".

Whilst we do our best to communicate with the client-parent regarding the progress of the young person in counselling, we cannot disclose any personal information unless we gain a written consent from the client i.e. "the young person", or they are deemed too young to understand these terms, disclosure to the client parent can occur.

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I give permission for (young person's name) _____
to attend ongoing appointments without my presence. I understand that I will still be required to be available via preferred mobile/telephone number and/or email for communication about their treatment and progress with treatment.

CONSENT TO SHARING INFORMATION:

Permission is given for (insert your therapists name) _____
to obtain and exchange appropriate written, electronic or verbal information with the following persons/agencies (circle):

NDIA NDIS Plan Manager

GP

PAEDIATRICIAN

PSYCHIATRIST

SCHOOL

OTHER (e.g., OT, PHYSIOTHERAPIST, PSYCHOTHERAPIST, SPEECH PATHOLOGIST)

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 ☐ 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 Halaxy Pty Ltd. I authorize Halaxy Pty Ltd ACN: 633 220 612 to store my debit/credit card and debit payments from my nominated debit/credit card stored on Halaxy when I have or cancel an appointment or are provided with a service from The Psychology Hub (applies to self-managed funds or when you are liable for fees because your plan has run out). I acknowledge The Psychology Hub will appear on my bank statement. I acknowledge I am personally liable for fees if my NDIS funds do not cover the service. I understand that Halaxy Pty Ltd Terms and Conditions can be found on their website or from The Psychology Hub team.

1) Parent Name:

Parent Signature: Date:

2) Young Person's Name:

Young Person's Signature: Date:

3) Psychologists Name:

Psychologists Signature: Date: