

Training Client

NDIS Service Agreement

Address	Training Client Australia	Practitioner	Tara Barrow
		Created	19 Jul 2021, 4:11PM
		Last updated	19 Jul 2021, 4:13PM

Service Agreement

PARTIES

The following is a Service Agreement between _____, a participant in the National Disability Insurance Scheme and In Balance Physiotherapy & Fitness.

This Service Agreement will commence on _____, and will be ongoing until cancelled by either party.

THE NDIS AND THIS SERVICE AGREEMENT

This Service Agreement is made for the purpose of providing supports under the Participants National Disability Insurance Scheme (NDIS) plan. This Service Agreement is made according to the rules and goals of the National Disability insurance Scheme (NDIS).

A copy of the participants NDIS Plan is attached to this Service Agreement: YES / NO (Note: You do not have to include your plan if you do not want to).

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 participation 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 Goals

NDIS Plan Goals

SERVICE PROVISION

Support Category

Improved Health and Wellbeing
Improved Daily Living
Assistive Technology

Agreed Service Delivery/Supports

The provider agrees to provide the Participant appropriate services for the period stated in the Participants NDIS Plan.

1. Supports Provided:

2. Cost of Provided Supports:

3. How Supports will be Provided:

4. When Supports will be Provided:

5. Where Supports will be Provided:

6. Assistive Technology

- Please be mindful, that while our team will work tirelessly within a "family centered" framework, the provision of resources are bound to therapy based outcomes deemed Reasonable and Necessary by the NDIS.
- Equipment will only be purchased with the acceptance and approval of the participant and family.
- In Balance Physiotherapy & Fitness won't be responsible for any damages that may occur with delivery or change of mind about equipment after it has been purchased.

PARTICIPANT RESPONSIBILITIES

To ensure we provide you with the best possible care – it is important that you understand your responsibilities as a participant which is outlined below:

- 24 Hours Notice of Cancellation:** if you are unable to attend – you must give us 24 hours notice – a Cancellation Fee up to 100% of the amount of the intended session can be charged. Therapists will make contact to consider unforeseen circumstances.
- Your Feedback is Vital:** Be honest and let us know how we can improve our services. We are required to seek regular Feedback as an Accredited NDIS Provider.
- Communicate:** to communicate openly and honestly in a timely manner. This includes the supports you are seeking and how you would like them delivered and any changes in behavioural and social circumstances. Participants will treat all IBPF staff with courtesy and respect.
- Payment:** Self-managed participants must pay on the day of service. Plan Managed participants will be invoiced directly to third party on the day of service. With NDIA participants, IBPF will claim directly from NDIA . Our prices may vary in line with NDIS recommendations.
- Claiming for Indirect Services:** A minimum of 5 hours of Indirect Service time will be claimed by IBPF as per NDIS reporting standards.
- Provider travel claims:** Providers can claim travel time for a therapy session to and from the clinic, the family home or school at the relevant hourly rate for up to 60 minutes in regional areas.
- Bookings made in Advance:** Therapy sessions are booked in advance to allow you to get the most convenient times. Appointment times however are not fixed and will vary to accommodate more people and are prioritised based on needs.
- Provision of current NDIS Plan:** Services can only be provided if a current NDIS plan is in place and sited by IBPF.

PROVIDER RESPONSIBILITIES:

As a provider we agree to uphold the following responsibilities:

- Communicate:** to communicate openly and honestly in a timely manner, provide the services agreed upon and treat the participant with courtesy and respect.
- Feedback:** listen to the participants feedback and resolve any problems in a timely manner.
- 24 Hours Notice of Cancellation:** As able the Therapist will provide the participant a minimum of 24 hours notice for any cancellations or re-scheduling of an appointment in foreseen circumstances.
- Privacy:** we agree to protect the participant's privacy and confidential information.
- Support:** to provide supports in a manner consistent with all relevant laws, including the NATIONAL Disability Insurance Scheme Act 2013 and rules, and the Australian Consumer Law; keep accurate records on the supports provided to the participant.

PRIVACY, DISCLAIMER & CONSENT (Therapy and Service Booking)

PRIVACY

Your Personal information, Health Information and/or Health Record may be collected,

used and disclosed for the following reasons:

- For communicating with other treating medical professionals.
- For follow-up/reminder communication.
- For contacting you about services and information relevant to your treatment.
- For discussion with third party health professionals and NDIS employees.
- For disease notification as required by law.
- For use by all therapists in this practice when consulting with you.
- For legal disclosure as required by a court of law.

If at any time you have any concerns or wish to restrict access to your information please discuss these with your Service Engagement Officer. This practice adheres to National Privacy Principles (www.privacy.gov.au).

DISCLAIMER

I release In Balance Physiotherapy & Fitness from any liability in the event of personal injury that may be serious, cause bodily harm or death secondary to a pre-existing medical condition. Our staff are first aid trained and will act appropriately to prolong life in the event of an emergency with consent of the individual or guardian/carer.

CONSENT

Your "Informed Consent" is required for all therapy provided by this practice. You may withdraw your consent at any time. Therapy will cease if consent is withdrawn. If you become uncomfortable with your therapy at any time please inform your therapist. All forms of therapy carry some risk. Risks will be explained prior to therapy at which time you may choose to continue or discontinue.

Photos and videos may be used for education and marketing purposes. The use of these resources will be explained and consent sought prior to use.

I give consent for therapy. I agree to this consent remaining valid until such time as I withdraw my consent. I give consent for all medical information to be released to relevant parties.

I give consent for In Balance Physiotherapy & Fitness to complete a Service Booking for the agreed upon hours. I understand that Direct and Indirect time will be charged as agreed upon by the participant and their therapists.

CHANGES TO THIS SERVICE AGREEMENT

If changes to the supports or the 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.

IBPF will act in accordance with published clinic policies. The terms of this Service Agreement may change in accordance with changes to IBPF clinic policies, as published on our website.

CANCELLATION OF SERVICE AGREEMENT

Should either Party wish to cancel this Service Agreement they must give four weeks notice in writing.

In the case of repeated appointment cancellations, non-attendance or failure to provide proof of current NDIS Plan by the participant, IBPF reserves the right to end this Service Agreement.

IBPF will act in accordance with published clinic policies.

If either party seriously breaches this Service Agreement or Polices the requirement of notice will be waived.

FEEDBACK, COMPLAINTS AND DISPUTES

If the Participant wishes to provide feedback, complaints or suggestions for improvements, they can contact In Balance Physiotherapy & Fitness via:

* Phone: 08 9622 5335

* Email: reception@ibpf.com.au OR

* Website feedback page

CONTACT DETAILS

Participant and/ or Plan Nominee

DOB:

Phone:

Mobile:
Email Address:
Home Address:
Alternative contact person (name & phone):

NDIS Number:
NDIS Plan Start and End Dates:

Service Engagement Officer:
Lead Therapist:
Local Area Coordinator (LAC):

Provider:

Contact Name: In Balance Physiotherapy & Fitness
Phone: 96225335
Email: reception@ibpf.com.au
Address: 306 Fitzgerald St Northam WA 6401

AGREEMENT SIGNATURES

The Parties agree to the terms and conditions of this Service Agreement including consent parameters.

Name of Participants and/or the Plan Nominee

Signature of Participants and/or the Plan Nominee

Date: _____

Name of authorised person from provider

Signature of authorised person from provider

Date: _____