

Training Client

NDIS Service Agreement

Address	Training Client Australia	Practitioner	Emma Grey
		Created	14 Oct 2022, 1:17PM
		Last updated	14 Oct 2022, 1:18PM

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.

Therapy Service Plan reviews will be conducted annually and new Therapy Service Plan provided.

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 context, rules and goals of the NDIS.

All IBPF prices comply with the NDIS Pricing Arrangements and Price Limits (Physio \$224 p/h, Speech/OT \$193 p/h, AHA \$86 p/h). IBPF pays Travel Labour and Non-Labour costs to Sub-Contracted Therapists who travel to Northam and return to their Perth base. These costs are included in our service charges.

This Service Agreement shall be governed by and construed in accordance with IBPF Policies and Terms of Trade which may be subject to change. Charges may alter in accordance with NDIS Pricing Arrangements.

NDIS PLAN GOALS

Participant goals

SERVICE PROVISION

SUPPORT CATEGORY

Improved Health and Wellbeing
Improved Daily Living
Assistive Technology

AGREED SERVICES TO BE PROVIDED

Physiotherapy
Occupational Therapy
Speech Pathology

HOW SERVICES ARE GOING TO BE PROVIDED

1:1
 Group Therapy
 Face to face
 Telehealth
 Indirect (resource creation, network upskilling and collaboration)
 NDIS Reporting (approx 2 hours per therapist)

WHERE SERVICES ARE GOING TO BE PROVIDED

In clinic
 At home
 School
 Community

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.
- Your Feedback is Vital: Be honest and let us know how we can improve and give us the opportunity to make changes.
- 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.
- Respect: The Participant and the Carers will be respectful of all IBPF staff, other clients and the property of IBPF.
- Payment: Payment is required on the day of service unless Third Party managed.
- Provision of Information: Provide complete and accurate information to ensure the most appropriate service can be delivered including your NDIS Plan and goals. If there are any changes to your NDIS plan including suspension or a new NDIS plan, the participant will inform IBPF as soon as possible. Services can only be provided if a current NDIS plan is in place and sited by IBPF.
- Risk: Participants will attend the service in a fit state (not unwell, intoxicated/under the influence of drugs or unable to participate fully) and inform our staff of any changes to your situation or risks that may/or will have an impact on them.
- Punctuality: Arrive and depart at the designated appointment start and finish time.
- Confidentiality: Maintain confidentiality regarding information about other participants.

PROVIDER RESPONSIBILITIES:

As a provider we agree to uphold the following responsibilities:

- Respect: IBPF will respect and appreciate differences related to race, ethnicity, gender, sexual orientation, religion, personal values, age and economic status. IBPF will be compassionate and act with integrity, honesty and transparency.

- Quality assurance: IBPF will provide appropriately qualified and trained staff and maintain NDIS Practice Standards by being an ongoing registered provider.
- Safety: IBPF will provide services in safe environments by maintaining Risk and Incident Management systems.
- Communicate: IBPF will communicate with participants regularly to keep them updated on any changes in Policies or service delivery to optimise informed choices.
- Independence: IBPF will include participant, families and support network in decision making in regards to service delivery.
- Service Provision Review: Lead Therapist conducts a Therapy Service Plan Review annually or as participant's needs change. This is charged at Therapist's hourly rate. An updated Therapy Service Plan will be provided.
- Collaboration: IBPF will work in a collaborative manner with the participants network and respect their contribution.
- Feedback: IBPF will listen to the participants feedback/complaints and investigate appropriately and in confidence. This is managed through IBPF Feedback and Complaints management system.
- Reporting: IBPF will complete reports in accordance with NDIS requirements.
- Appointment Changes: Where possible, IBPF will give the participant a minimum of 24 hours notice if there is a change to a scheduled appointment.
- Privacy: we agree to protect the participant's privacy and confidential information.

**PRIVACY, DISCLAIMER AND 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 and 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 OR SERVICE PLAN

If changes to the Service Agreement or Service Plan (supports and delivery) are required, the Parties agree to discuss and review this in a Service Plan Review which will be charged out as per standard therapy rates.

CANCELLATION OF SERVICE AGREEMENT

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

If either party is unable to meet the Responsibilities as outlined in this Service Agreement, the Service Agreement may be cancelled without notice.

In the case of repeated appointment cancellations or non-attendance IBPF reserves the right to end this Service Agreement.

FEEDBACK, COMPLAINTS AND DISPUTES

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

* Phone: 08 9622 5335

* Email: reception@ibpf.com.au OR

* Website feedback page: inbalancephysiotherapyandfitness.com.au

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:

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: _____