

NDIS Service Agreement

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:** _____

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):

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 Watershed Counselling. Our terms of service and your rights and responsibilities as the patient and/or parent/carer 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 Watershed Counselling private folder protected by company's antivirus system, 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 psychotherapist, and up to age 25 years for a young person under the age of 18.

Participant Responsibilities

- Be on Time:** A consultation will usually last 50 minutes. If you are late, the consultation will usually still finish at the scheduled time.
- Confirming Appointments:** We endeavour to confirm appointments via SMS or email. However, it remains your responsibility to be aware of the scheduled appointments.
- Cancellation:** We ask that you kindly give us as at least 48 hrs notice via email/text or telephone for appointment cancellations/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 (or credit/debit card on file if self-managed).
- Complaints:** You can make a complaint to any of our staff members in person, phone, and email or in writing. A copy of our complaint's procedure can be given on request. If you are not satisfied with the outcome, you can lodge a complaint with the NDIS Complaints Commissioner 1800 035 544.
- Social Media Policy:** We do not interact or accept "friend" requests via social media sites (Facebook, LinkedIn, etc) because it has the potential to compromise privacy and complicate our therapeutic relationship.
- 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:** Services can only be provided if a current plan is in place. 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 Square/Stripe 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 the charges.
- Changes to this Agreement:** Changes to this agreement can be made in writing and when both parties (Watershed Counselling and Yourself) agree to the changes. You can end this agreement by giving us 7 days' notice.

Provider Fees

ALL PLANS (self, agency and plan managed):

a. Improved Daily Living Skills

- ii. Initial Individual Counselling \$110
- iii. Individual Counselling \$100
- iv. Mentoring, Therapy And/or Training \$130
- v *Reporting

b. Improved Relationships

- i. Initial Family System Therapy \$130
- ii. Family System Therapy \$110

*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. Reporting typically require 2- 3 hours of assessment as well as up to two hours to prepare the report and gather additional information. A quote will be provided to you before you commence the assessment. 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.

Provider travel claims: I agree travel costs can be claimed

YES/NO

Provider Responsibilities

- Be open and honest about how we can help
- Be polite and respectful
- Respect your values and beliefs

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- 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
- Abide by all relevant legislation
- Provide invoices/statements
- Invoice the correct amount
- Apply GST when required
- Regularly review how the service is working for you

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

Dear patient/parent/support caregiver/primary carer/legal guardian

Working with young people presents certain issues and legislation that psychotherapist must adhere to. The following clarifies where our role as a Psychotherapist 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 carer (or parents) is "the person who engages the psychotherapist to provide a psychological service for a young person".

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Whilst we do our best to communicate with the parent/carer regarding the progress of the young/patient 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's parent/carer can occur.

_____ (Support Carer/Parent/legal guardian name) give permission for (Patient/Youth/Child 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 Simona Graham to obtain and exchange appropriate written or verbal information with the following persons/agencies (circle):

NDIA, _____ NDIS Plan Manager _____

OTHER (GP, School, Paediatrician, 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 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 psychotherapist to store my clinical records on Watershed Counselling file. I authorize Wix.com Ltd. to store my debit/credit card and debit payments from my nominated debit/credit card stored on Wix.com Ltd. when I have or cancel an appointment or are provided with a service from The Watershed Counselling (only applies to self-managed funds). I acknowledge Watershed Counselling 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 Wix.com Ltd. Terms and Conditions can be found on their website or from Watershed Counselling.

Support Carer/Parent Name: _____ Signature: _____ Date: _____

Patient/Youth/Child Name: _____ Signature: _____ Date: _____

Psychotherapist Name: _____ Signature: _____ Date: _____