

## AAG CLINICAL PSYCHOLOGY PRACTICE

### NDIS Service Agreement for Adults

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

Name:			
DOB:		Age:	
Ethnicity:		Gender:	M / F
Address:			
Contact Number(s):			
Confidential Email:			

Nominated Representative / Carer (If Applicable)	
Phone & Email:	

Health Professionals / Services involved in my care:	
Diagnoses (Medical/ Mental Health):	

NDIS Plan Provided:	YES / NO (please circle)
Who pays invoices:	Self-Managed / Plan Managed / Plan Nominee / NDIA Managed
NDIS Participant Number:	
Please provide contact details if Plan Managed:	

## **Terms of Service**

Welcome to AAG Clinical Psychology Practice. Please find below our terms of service which cover 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. 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 as well as on our central backup on DropBox, 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. You have a right to amend your records and personal information if incorrect. We are required to keep patient personal information for 7 years.

## **Your Responsibilities / Rights**

### ***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 50-60 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 24 hours notice) and no shows will result in a cancellation fee of 100% charged against your NDIS plan.

### ***Complaints:***

You (or a family member, friend or advocate) 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. If you are not satisfied with the outcome you can lodge a complaint with the NDIS Complaints Commissioner 1800 035 544.

### ***Advocate:***

You are most welcome to 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, or 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 the charges.

### ***Changes to this Agreement:***

Changes to this agreement can be made in writing and when both parties (AAG Clinical Psychology Practice and Yourself) agree to the changes. You can end this agreement by giving us 7 days' notice.

## **Service / Consult Fees**

1. ALL PLANS (self, agency and plan managed) - Price Limit Set out in NDIS Price Guide

Improved Daily Living Skills:	Individual Assessment, Therapy and/or Training	\$214.41 / hour
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Improved Relationships:	Specialist Behavioural Intervention Support	\$214.41 / hour
	Behavioural Management Plan & Training in Behavioural Management Strategies	\$193.99 / hour

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 at they are not attending another appointment outside the regular office situation after your appointment.

I agree travel costs can be claimed YES / NO (*please circle*)

## **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

**Your Individualised arrangements:**

*(Please note that we will circle these specifics in consultation with you)*

Supports you will receive & the associated fees for these supports:			
	Improved Daily Living Skills:	Individual Assessment, Therapy and/or Training	\$214.41 / hour
	Improved Relationships:	Specialist Behavioural Intervention Support	\$214.41 / hour
		Behavioural Management Plan & Training in Behavioural Management Strategies	\$193.99 / hour

Where you will receive these supports:	
	In the Practice Setting / Home Visits / Mixed Sessions / Other: _____

How long you will receive these supports:	
	3 months / 4 months / 6 months / 12 months / Other: _____

**Consent:**

I, \_\_\_\_\_, give my consent for AAG Clinical Psychology Practice to release personal information and engage in professional correspondence regarding myself with persons indicated below, where it is judged relevant for professional, clinical involvement and when necessary for informed clinical judgement. I also give consent for my Psychologist to have access to official records and information regarding myself. I give consent for all my information to be used by the clinicians directly involved in my treatment, and to be safely stored and owned by the AAG Clinical Psychology Practice.

Limitations (if any): \_\_\_\_\_

Medical Practitioner Name:	
Contact Details:	
NDIA / NDIS Plan Manager Name:	
Contact Details:	
Other Relevant Person (e.g. Psychiatrist):	
Contact Details:	

This written consent is valid only while my Psychologist is professionally involved with myself, for direct clinical consultations or case management activities, for which my verbal agreement and voluntary participation are expressed, where that period of time extends up to, but not exceeding, twelve months from the date indicated below. I understand I may withdraw my consent in writing at any time.

*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 authorise my psychologist to store my clinical records on Halaxy and DropBox. I authorise 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 AAG Clinical Psychology Practice (only applies to self-managed funds). I acknowledge AAG Clinical Psychology Practice 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 Terms and Conditions can be found on their website or from AAG Clinical Psychology Practice team.*

Name:

Signature:

Date:

Nominated Representative (If Applicable):

Signature:

Date:

Psychologist Name:

Signature:

Date: