NDIS Allied Health Service Agreement

What is a service agreement?

A service agreement is a written agreement between you as the NDIS participant, and your NDIS Service provider (St Vincent's Hospital Melbourne). It outlines what you have both agreed to.

When you agree to use your NDIS budget to pay for supports, you are entering into a contract with your provider. The NDIS suggests participants have a written Service Agreement with their provider, so both participant and provider are clear about what each other have agreed to.

St Vincent's Hospital Melbourne Service Agreement key points

The Service Agreement is between you and St Vincent's Hospital Melbourne (SVHM) and will start from the date you and SVHM signed the agreement. Service agreements generally last for 12 months, however, in some situations they will be reviewed more often, such as if your plan or circumstances change. Your Service Agreement will also end if the services we provide you end.

As a service provider, we agree to:

- Treat you with courtesy and respect;
- Be open and honest with you;
- Work with you and your support networks to support you to make informed choices;
- Listen to you when you provide feedback, whether it be good or bad.

Where possible, we will give you 48 hours' notice if we have to change an appointment with you, and 4 weeks' notice if we are unable to continue working with you. You should also give us 4 weeks' notice if you would like to stop receiving our services.

As part of our duty of care towards you as an NDIS participant, we will discuss emergency and disaster management planning with you and how our support to you may need to change in the event of an emergency or disaster.

As our client, you agree to treat SVHM staff with courtesy and respect. This means you agree to:

- Not use or be affected by alcohol or illegal drugs or use cigarettes or vapes during an appointment.
- Let us know as soon as possible if you need to reschedule or cancel an appointment.
- Tell us about any concerns you have with our service.
- Give us 4 weeks' notice if you would like to stop working with us.

As someone who receives NDIS services, SVHM supports your right to:

- Access supports that promote, uphold and respect your legal and human rights including your right to freedom of expression, self-determination and decision making.
- Be supported to exercise choice and control in decision making.
- Receive supports that take into consideration your culture, diversity, values and beliefs.
- Be treated with respect, dignity and right to privacy whilst receiving supports.

- Access and receive supports and care that is free from violence, abuse, neglect, exploitation or discrimination.
- Access and use an independent advocate during the provision of services. In the event of an incident, (serious or otherwise), you have the right to access and use an independent advocate throughout the incident management process.

Cancellation

SVHM follows the rules for cancellation as set out by the NDIS. This means we may charge you the full fee for your appointment (including travel) if you cancel or reschedule an appointment without providing us two business days' notice, or if you don't show up to an appointment.

If you don't attend an appointment and don't let us know you won't be attending, we will reach out to you and your support network to make sure you are ok.

Payment

SVHM will aim to invoice you within two weeks of your services being delivered. Once we have invoiced you, we ask that you pay the full amount within 30 days.

To help with the invoice process, we will ask you to tell us how your plan is managed and where invoices should be sent.

If we provide you with assistive technology or consumables, we will invoice you before the product is provided and we will require payment upfront.

Fees

SVHM uses the NDIS guide called '*NDIS Pricing Agreements and Price Limits*'. This guide is used by the NDIS to set out how and what prices NDIS services can charge. This guide can be found on the NDIS website.

SVHM will charge you for face-to-face and telehealth sessions, but we might also charge you for service outside of this time. This might include activities such as:

- Travel to and from your appointment.
- Writing and reading reports required to help you reach your NDIS goals.
- Writing clinical notes or NDIS reports.
- Speaking with you or your supports, in person on the telephone or via email, in order to help further your NDIS goals. This might be someone such as a support coordinator or another NDIS provider, such as a physiotherapist.

Telehealth

- In some situations, we might offer telehealth as an option for therapy. If you do not wish to use telehealth, please let us know.
- SVHM use telehealth through a secure platform called 'Health Direct'. We will make all efforts possible to ensure your data and information is safe when using telehealth, however if any data breach occurs, we will let you know as soon as possible and report this to the NDIS Quality and Safeguard Commission.
- When using telehealth, it is against our confidentiality policies for you to record these sessions without prior consent. If it is found that you have recorded a session, SVHM may decide to terminate providing services to you.

Assistive technology

When the Service Agreement talks about Assistive Technology (or AT), this means technology or a device that either:

- Helps you do something you can't otherwise do because of your disability; or
- Helps you to do certain things more easily;

As a service provider of AT, we will:

- Provide you with a written quote for the AT and any therapeutic services required to deliver that AT. We will provide a quote to you before you agree to pay for any AT.
- Provide you with information in your preferred communication method on how to care and use the AT.
- All appointments associated with the delivery of your AT are included in the device cost. This cost is also inclusive of one review appointment following supply of the device. Any subsequent appointments will be charged at the standard clinical rate.
- If your AT needs repairs or adjustments, we will provide you with an estimate of how much the repairs will cost and how long it will take for them to be completed.
- Perform any repairs you require as quickly as possible and invoice accordingly.

As a participant receiving AT, you agree to:

- Follow our recommendations on how to use the AT correctly;
- Not make alterations or intentionally damage the AT;
- Only use the AT as described by us;
- Let us know as soon as possible if you need any repairs to your AT.

SVHM requires that AT is paid in full prior to any casting or measuring. This is to cover the costs associated with making or ordering the AT.

Goods and Services Tax (GST)

Any prices SVHM provides to you will exclude GST. If we need to charge for GST, we will include it on the quote we provide for you.

Your NDIS plan

If your NDIS Plan is changed or replaced, or if you stop being an NDIS Participant, please let us know as soon as possible.

Changes to or ending this Service Agreement

SVHM are happy to discuss and change the conditions in the Service Agreement. If any changes are made, a new copy of the Service Agreement will be made and both you and SVHM will sign it and receive a copy.

If either you or us would like to change the Service Agreement, we both agree to give 4 weeks' notice.

Exiting or ceasing services

There may be times that you wish to stop receiving SVHM NDIS Services. You have the right to leave at any time, however SVHM requests that you provide four weeks' notice prior to leaving. If you would like to start receiving our services again, you are welcome to, so long as you still meet the entry requirements of the service. You might be placed on a waitlist prior to recommencing services.

At times, SVHM may be required to cancel services with you. This might be for a range of reasons including:

- If you or your support network behave in a manner that is unacceptable to staff, such as displaying or threatening violence, abuse, aggression or theft towards staff, or if staff have repeatedly requested you not to participate in certain activities in their presence, such as smoking or drinking alcohol and you choose to do so.
- If your address changes to a location where we cannot practically provide the services.
- If you are unwilling over a period of time to work towards agreed plans, goals or outcomes.
- When the services are no longer able to meet your needs.
- If you have achieved your goals.
- If you repeatedly fail to pay the costs associated with the services you have received.
- If you were to die.
- If you and SVHM cannot agree on reasonable conditions require to provide a safe service or supports.

Feedback, complaints and disputes

We like to hear any feedback on our services, whether that feedback is good or bad. If you would like to provide feedback, you can contact the SVHM NDIS service or the SVHM Patient Representative Officer:

St Vincent's NDIS Service Email: NDIS@svha.org.au	St Vincent's Hospital Melbourne Patient Representative Officer Phone: (03) 9231 3108 Email: plo@svha.org.au

If you are unsatisfied with how SVHM have handled your complaint, or if you would prefer not to talk to us about your concerns, you can contact the NDIS Quality and Safeguard Commission. They can be contacted on 1800 035 544.

Choice and Control

Having choice and control over your NDIS plan is an important part of the NDIS. We will support you to have choice and control over your NDIS plan and the service you receive.

You do not have to choose SVHM as your NDIS provider, even if you receive other health services from SVHM.

THIS AGREEMENT IS BETWEEN

PROVIDER:

St Vincent's Hospital (Melbourne) Ltd (ABN 22 052 110 755)
41 Victoria Parade, Fitzroy VIC 3065 (St Vincent's)

AND

PARTICIPANT:

Name: NDIS Number:

Signed by/on behalf of St VINCENT'S

_____ _____

Signature Name and Position

_____/_____/_____

Date

Signed by/on behalf of the PARTICIPANT

_____ _____

Signature of participant Name of participant/ representative

_____/_____/_____

Date

Please complete if this document has been signed by a **representative of the participant:**

I, _____, as representative of the participant _____ confirm I have discussed the services with the participant and explained the key points of the service agreement with them.

Signed _____ Date _____/_____/_____