

## NDIS SERVICE AGREEMENT

This agreement is made in accordance with the rules and goals of the National Disability Insurance Scheme (NDIS).

Select one of the following options (please note, O-health cannot see any agency managed NDIS participants):

- Self-managed
- Plan-managed

### Parties

This Service Agreement is made between:

**Name of Participant:** \_\_\_\_\_

**Participant NDIS Number:** \_\_\_\_\_

and

**Service Provider: O-health**

**Plan Dates:** \_\_\_\_\_ **to** \_\_\_\_\_

O-health to be updated with any changes to plan dates

## Expectations of the client

The participant is expected to:

- Attend each scheduled appointment as per their appointment schedule
- Contact O-health 48 hours in advance of a cancellation
- Arrive 5 minutes prior to their scheduled appointment time to ensure they are ready to start their session on time
- Inform the Provider about how they wish the support to be delivered to meet the Participant's needs.
- Treat the Provider with courtesy and respect
- Talk to the Provider if the Participant has any concerns about the supports being provided
- Give the provider the required notice if the Participant needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information), and
- Let the provider know immediately if the Participant's NDIS plan is suspended or replaced by a new NDIS plan or the Participant stops being a participant in the NDIS

## O-health Staff Responsibilities

All O-health staff will:

- Treat all participants with respect and understanding
- Take the time to discuss a participant's treatment plan and services with them to ensure it achieves their individual goals and expectations.
- Take into account the individual needs of each participant
- Communicate openly and honestly
- Give the participant information about managing any complaints or disagreements and details of the Providers cancellation policy (if relevant)
- Listen to the Participants feedback and resolve problems quickly
- Give the participant the required notice they need to end the Service Agreement (see 'Ending the Service Agreement' below for more information)
- Protect the Participant's privacy and confidential information
- 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.

## Changes to this Service Agreement

If changes to the supports or their 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

## Ending this Service Agreement

Should either Party wish to end this Service Agreement they must give 1 month notice. If either Party seriously breaches this Service Agreement the requirement of notice will be waived.

## Feedback, Complaints and Disputes

If the Participant wishes to give the Provider feedback, the Participant can talk to their Provider/ O-health on 02 6021 2777.

If the Participant is not happy with the provision of support and wishes to make a complaint, the Participant can talk to their Provider/ O-health on 02 6021 2777.

If the Participant is not satisfied or does not want to talk to this person, the Participant can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting [ndis.gov.au](http://ndis.gov.au) for further information.

## Service Fees and Payment Information

The provider agrees to provide the participant **Exercise Physiology / Physiotherapy** services. The supports and their prices are set out in the below table. Additional expenses (i.e. that are not included as part of a Participant's NDIS supports) or expenses that are not covered by the NDIS will be the responsibility of the participant.

Prices are subject to change in accordance with the annual review of NDIS pricing arrangements and price limits, without the need of a new service agreement.

The allocated funds must include provisions for non-face-to-face services. See service descriptions for further information.

SERVICE	APPOINTMENT TYPE	COST
Exercise Physiology	Initial assessment 60 minutes	\$166.99
	Subsequent assessment 45 mins / 60 mins	\$125.25 / \$166.99
	Report writing (per hour)	\$166.99
	Travel time	Charged as per NDIS pricing guide and distance.

Physiotherapy	Initial assessment 60 minutes	\$193.99
	Subsequent assessment 30mins / 45mins / 60 mins	\$96.99 / \$145.50 / 193.99
	Report writing (per hour)	\$193.99
	Travel time	Charged as per NDIS pricing guide and distance.

**Total amount of funding allocated:**

**Billing Details**

Contact name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Billing address (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

**SERVICE DESCRIPTIONS**

O-health provides a range of service options for individuals funded under the NDIS. Our staff assist with exercise interventions and manual therapy to help individuals achieve their health and wellbeing goals. The service options give the NDIS participant flexibility in their decisions regarding exercise programs, assessments and reporting.

### **Initial Assessment**

All NDIS clients are assessed by one of our accredited Exercise Physiologists, Physiotherapists or Osteopaths to determine their current physical and psychological health status, as well as any barriers that need to be considered.

Once the assessment has been completed the therapist develops a treatment plan and an individualised, progressive program in consultation with the client and carer to ensure the plan is appropriate and the program is working towards the client's health and wellness goals.

### **Follow up Assessments**

provision of services following your initial assessment

### **Telehealth Services**

provision of services through virtual or phone based platform

### **Home Visits**

Provision of services in your home environment or a community facility.

### **Non-face-to-face Services**

These billable services refer to any relevant and necessary service that is not delivered in person or directly to the participant. This may include:

- Legally required clinical notes and exercise programs
- Email writing responding to or with the participant and other allied health providers or stakeholders
- Phone calls with the participant, other health providers or stakeholders
- Case meetings or research that is directly required to meet the need/goals of the participant

### **Report Writing**

Initial and Final assessment reports, and progress reports are completed by the treating professional. Initial assessment reports discuss the findings of the Allied Health Provider assessment and identify the direction of the program. It will provide the following:

- Current physiological status of the individual
- Brief description of identified weaknesses
- How the program will positively influence the daily function of the individual

- Realistic goals for the individual to achieve during the outlined program period

Progress reports provide information on the participants:

- Their previous areas of weakness and how these have been improved
- Attendance and progress
- The current physiological status
- The plan for the next program

## Missed Appointments

When the participant makes an appointment at O-health, that time is specifically set aside for them and one of our fantastic therapists.

If the participant is unable to attend their appointment, please allow at least 48 hours notice to avoid incurring a fee of the full cost of the scheduled appointment.

If the appointment is scheduled after a weekend or public holiday, please leave a phone voicemail to 02 6021 2777 or email [info@o-health.com.au](mailto:info@o-health.com.au) still providing 48 hours notice.

If the patient cannot physically attend their appointment or is unable to give 48hrs notice, they have the opportunity to request that appointment be changed to a telehealth appointment or phone call or for that time to be set aside to complete any reports or non-face-to-face services for the participant.

# PARTICIPANT SERVICE AGREEMENT

O-health is here to help you achieve your health and wellbeing goals. We look forward to working with you.

O-HEALTH CONTACT	
Name:	Position:
Organisation: O-health	Phone: 02 6021 2777
Signed:	Date:

## SERVICE AGREEMENT ACCEPTANCE

By completing the following information, you agree to the terms and conditions outlined in this Service Agreement and below.

1. The Service Agreement is to be completed in full and signed before ongoing services are provided.
2. By signing this document, you agree to the above agreement for service provision and payment.
3. Appointments may be rescheduled 48 hours prior to the appointment date free-of-charge.
4. If 48 hours notice is not provided, the participant will incur a fee of the full cost of their scheduled appointment fee.

PARTICIPANT/ PARTICIPANT AUTHORISED CONTACT	
Name:	
Relationship with participant (if not Participant):	
Phone:	
Email:	
Start Date:	End Date:
Signed:	Date:

**This service agreement is valid for 1 year. It will be reviewed and signed yearly if supports are continued.**