



# Redlands Psychologists Service Agreement

I, \_\_\_\_\_ on behalf of \_\_\_\_\_ hereby authorise \_\_\_\_\_  
(Guardian/Agent Name) (Client Name) (Psychologist)

a Psychologist for 2Care Pty Ltd T/A Redlands Psychologists, to provide services as listed below and agreed upon with myself and the above psychologist.

I have/have not provided a copy of the NDIS plan to be attached to this agreement. *(Please note: It is not compulsory to do so but helpful for determining your goals are met via the NDIS agreement.)*

The above client and psychologist agree that this agreement is in line with those noted with the NDIS, and these include striving towards more choices, achieving client goals and increasing community participation.

Supports to be provided by Psychologists: *(include how, when, whom, duration of provision, cost)*

How to be Provided: \_\_\_\_\_  
*(for example: Sessions, Groups etc)* Initials

Processes to be used: \_\_\_\_\_  
*(for example: Family training , CBT, ACT etc)*  
\_\_\_\_\_  
\_\_\_\_\_ Initials

When to be Provided: \_\_\_\_\_  
\_\_\_\_\_  
*(for example: Weekly / Monthly 1 hour sessions)* Initials

Duration: \_\_\_\_\_  
*(for example: review plan 6 monthly/annually etc)* Initials

Cost per Session/Annual: \_\_\_\_\_  
Initials

Who is responsible for paying the Invoices: \_\_\_\_\_  
*(for example: Agency Name, Participant, NDIS direct etc) (GST is not applicable with Psychology Services)* Initials

Invoices are to be paid at Time of session

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If paid by an Agent, the Invoice to be paid within 14 days by Direct Debit using invoice #/Name as Reference

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"A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specified in the statement of supports included, under subsection 33(2) of the [National Disability Insurance Scheme Act 2013](#) (NDIS Act), in the participant's NDIS Plan currently in effect under section 37 of the NDIS Act."

\_\_\_\_\_  
Psychologists Initials

\_\_\_\_\_  
Clients Initials

phone 07 3286 1530 / 3488 0828 fax 07 3286 1548

email [admin@redlandpsych.com.au](mailto:admin@redlandpsych.com.au) website [redlandpsychologists.com.au](http://redlandpsychologists.com.au) abn 22 603 285 445



# Redlands Psychologists

## What is expected of the Client?

1. Inform the Plan Manager how they wish the monies budgeted to be allocated to meet the client's needs.
2. Treat the staff at Redlands Psychologists with courtesy and respect.
3. Contact Redlands Psychologists if they have any concerns about the service being provided.
4. Client is expected to confirm all appointments in the days leading up to the appointment either by replying to the SMS sent or calling the office on 07-3286 1530.
5. If the client is unable to attend the appointment they are to provide at least 24 hours' notice so that others on the waitlist can be contacted to fill these availabilities. (This excludes emergencies and circumstances beyond your control.)
6. Late Cancellation and No-Show Fees are charged according to guidelines set by the Australian Psychological Society (APS) and are applied as follows:
  - Cancellation and No-Show Fees are charged as this time has been set aside for you and cannot be filled at short notice. These fees are not covered by Medicare or NDIS; they are for your account and become due immediately. This excludes emergencies and circumstances beyond your control.
  - Cancellation given with less than 24 working hours' notice: A fee equal to half the normal consultation will be incurred.
  - Missed appointment: Full session fee applies.
7. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the psychologist you select. If you have questions about any procedures, please discuss them whenever they arise with either your psychologist or the administration team. If your doubts persist, we will be happy to help you book a session with another psychologist.
8. If, at any time, you wish to end the Service Agreement or your NDIS plan changes, please discuss this immediately with your psychologist or the administration team.
9. Ensure that your details are updated if any changes occur e.g. change of address/phone number, change in NDIS plan.
10. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Psychologists Initials*

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*Clients Initials*



# Redlands Psychologists

## What is expected of Redlands Psychologists?

1. Provide services as outlined on Page 1 of Service Agreement.
2. Treat the client with courtesy and respect.
3. Communicate with the client openly and honestly in a timely manner.
4. Be flexible in updating the therapy plan/agreement if the client's needs change, such as the requirement for therapy or to change to another psychologist.
5. Follow the ethical standards of the Psychology Board of Australia.
6. Ensure that all personal information gathered by Redlands Psychologists during the provision of the psychological service remains confidential and secure except where:
  - It is subpoenaed by a court or requested by a government agency for audit or
  - Failure to disclose the information would place you or another person at serious and imminent risk; or
  - Your prior approval has been obtained to
    - Provide a written report to another professional or agency, e.g. A GP or solicitor; or
    - Discuss the material with another person, e.g. a parent or employer
  - Peer supervision with other psychologists within the practice, your name is withheld but your details may be discussed
7. Listen to our client's concerns about therapy and discuss them with the client to help resolve these concerns.
8. Advise clients if, at any time, we wish to end the agreement with you.
9. Ensure client details are updated on our records when we are notified of any changes that have occurred e.g. change of address/phone number, change in NDIS plan.
10. Other: \_\_\_\_\_

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*Psychologists Initials*

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*Clients Initials*



# Redlands Psychologists

## Changes to the Service Agreement

1. All changes to the Service Agreement must be provided in writing.
2. The Client and the Psychologist will sign any document stating the changes to be made to the agreement.
3. This includes if the client wishes to end the Service Agreement. When ending this agreement, a final session should be carried out (if possible) with the psychologist to consolidate treatment.
4. 14 days' notice should be given to end the Service Agreement from either party.

## Addressing any Problems

1. If you have any concerns or wish to discuss any problems that arise, we encourage you talk with your psychologist about these to see if a resolution can be found. If this is not possible, please discuss with the administration team so that they can identify the appropriate avenue for resolution. This can be done either by phone, face-to-face, or via email [admin@redlandspych.com.au](mailto:admin@redlandspych.com.au).
2. If you are uncomfortable with talking with staff at Redlands Psychologist about your concerns, or they do not resolve your concerns, you can contact NDIA on 1800 800 110 or visit an NDIA office or website.

## Signatures

I agree that all the details in this agreement are correct and have been explained to me. Any treatment/s listed have been agreed upon by me with the Psychologist noted below. I am aware that I can, at any time, clarify and/or change any details in this agreement.

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Client's Signature

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Date

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Client's Name

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Psychologist's Signature

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Date

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Psychologist's Name