



## Service Agreement

NDIS # \_\_\_\_\_

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

Redlands Psychologists to communicate in writing and/or verbally regarding information relevant to best practice provide treatment.

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.)

Both parties agree that this agreement is in line with those outlined by the NDIS, and include striving towards greater choices, achieving set goals and increasing community participation.

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

How to be Provided: Individual Sessions / Group Sessions / Assessments \_\_\_\_\_  
Initials

Processes to be used: CBT / ACT / Skills Training / Family Training / \_\_\_\_\_  
Initials

When to be Provided: Weekly to Fortnightly to Monthly as required by client \_\_\_\_\_  
Initials

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

Cost per Session (If at any time NDIA update their price list, Redlands Psychologists reserves the right to adjust our charges in line with the NDIA without further notice)

Improved Daily Living \$214.41 per session or \$ \_\_\_\_\_ as agreed \_\_\_\_\_  
Assessment \_\_\_\_\_ \$ \_\_\_\_\_ as agreed \_\_\_\_\_  
Initials

My NDIS allied health – Improved Daily Living, Improved Relationships, Early Childhood Intervention plan is  
Self-Managed / NDIA Managed / Plan Managed (Please fill out attached form for Agent) \_\_\_\_\_  
Initials

Do you wish to participate in any audit that may be required in the Provider Registration process with the  
Quality and Safeguards Commission? YES / NO Initials

"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



## 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. Inform your practitioner if you wish for an advocate to attend session/s with you and ensure that the proper approval is in writing.
5. 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.
6. 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.)
7. Late Cancellation and No-Show Fees are charged according to guidelines set by The National Disability Insurance Scheme Act 2013. Cancellation and No-Show Fees are charged as this time has been set aside for you and cannot be filled at short notice.
  - Cancellation given with less than 48 business hours' notice: A fee to 100% will be charged via your chosen payment method.
8. 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 in the team.
9. If, at any time, you wish to amend or end the Service Agreement or your NDIS plan changes, please discuss this immediately with your psychologist or the administration team.
10. Ensure that your details are updated if any changes occur e.g., change of address/phone number, change in NDIS plan.
11. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

*Psychologist's Initials*

---

*Client's Initials*



## 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. To allow an advocate to attend session/s with the client and ensure that the proper approval is in writing in the client file.
6. Follow the ethical standards of the Psychology Board of Australia.
7. 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
8. Listen to our client's concerns about therapy and discuss them with the client to help resolve these concerns.
9. Advise clients if, at any time, we wish to end the agreement with you.
10. 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.
11. Other: \_\_\_\_\_

---

---

---

---

---

*Psychologists Initials*

---

*Clients Initials*



## 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, we encourage the client to attend a final session (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@redlandpsych.com.au](mailto:admin@redlandpsych.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 035 544, (free call from landlines) or TTY 133 677 you can also complete a complaint contact form found @ <https://www.ndiscommission.gov.au/about/complaints-feedback/complaints>.

## Signatures

I agree that all the details in this agreement are correct and have been explained to me and I give permission for Redlands Psychologists to contact NDIA/NDIS and/or my Plan Manager in regard to my plan and payments. 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

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Psychologist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist's Name



## NDIS PLAN MANAGER

**NDIS #** \_\_\_\_\_ **Date of NDIS Plan Expiry** \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorise Redlands Psychologists to communicate  
*(Client Name)*

with my NDIS Invoice Manager in writing and/or verbally.

Company Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

-----  
Office Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accounts Email Address: \_\_\_\_\_