

## NDIS Service Agreement

### 1. Parties

This **Service Agreement** is for \_\_\_\_\_ [insert name of participant], a participant in the National Disability Insurance Scheme (participant), and is made between:

**Participant** \_\_\_\_\_ [insert name of participant]

and

**Provider** **Melbourne Integrative Psychotherapy & Counselling**  
**PO Box**  
**Mitcham VIC 3132**  
**ABN: : 51 696 974 177**

This Service Agreement will commence on \_\_\_\_\_ [insert day, month, year] for the period \_\_\_\_\_ [insert start date] to \_\_\_\_\_ [insert end date].

### 2. The NDIS and this Service Agreement

This Service Agreement is made for the purpose of providing therapy services under the participant's NDIS plan.

[ ] A copy of the participant's NDIS plan is attached to this Service Agreement  
[Please tick if participant chooses not to attach their plan].

The parties agree that this Service Agreement is made in the context of the NDIS, which is a scheme that aims to:

- support the independence and social and economic participation of people with disability, and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

### 3. Schedule of supports

The provider agrees to provide the participant therapy services for \_\_\_\_\_ [insert duration of services in months] months.

The supports and their prices are set out in the attached Schedule of Supports. All prices are GST inclusive (if applicable) and include the cost of providing the supports.

## 4. Responsibilities of the Provider

**Melbourne Integrative Psychotherapy & Counselling** agrees to:

- review the provision of therapy services at each occasion of service with the participant
- once agreed, provide therapy services that meet the participant's needs at the participant's preferred times
- communicate openly and honestly in a timely manner
- treat the participant with courtesy and respect
- consult the participant on decisions about how treatment is provided
- give the participant information about managing any complaints or disagreements and details of the provider's cancellation policy (if relevant)
- listen to the participant's feedback and resolve problems quickly
- give the participant a minimum of 24 hours' notice if the provider has to change a scheduled appointment to provide therapy services
- give the participant the required notice if the provider needs to end the Service Agreement (see 'Ending this Service Agreement' below for more information)
- protect the participant's privacy and confidential information
- provide support 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
- issue regular invoices and statements of the therapy services delivered to the participant as per the Terms of Business for Registered Providers.

## 5. Responsibilities of the Participant

\_\_\_\_\_ [\[insert name of participant\]](#) agrees to:

- inform the provider about how they wish the therapy services 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 therapy services being provided

- give the provider a minimum of 24 hours' notice if the participant cannot make a scheduled appointment; and if the notice is not provided by then, the provider's cancellation policy will apply
- 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.

## 6. Payments

Practice name will seek payment for their provision of therapy services in the following manner after \_\_\_\_\_ [insert name of participant] confirms satisfactory delivery.

[Please tick the applicable paragraph]

- The participant has chosen to self-manage the funding for NDIS services provided under this Service Agreement. After providing those services, the provider will generate an invoice on conclusion of service provision for the participant to pay. The participant can elect to pay the invoice by *cash or credit card at the time of consultation*.
- The participant's Nominee manages the funding for services provided under this Service Agreement. After providing those services, the provider will send the participant's Nominee an invoice for those services for the participant's Nominee to pay. The participant's Nominee will pay the invoice by *cash / cheque / EFT* within 7 days.
- The participant has nominated the NDIA to manage the funding for services provided under this Service Agreement. After providing those services, the provider will claim payment for those supports from the NDIA.
- The participant has nominated the Plan Management Provider \_\_\_\_\_ [insert name of Registered Plan Management Provider] to manage the funding for NDIS services provided under this Service Agreement. After providing those supports, the provider will claim payment for those services from \_\_\_\_\_ [insert name of Registered Plan Management Provider].

## 7. Cancellation Policy

Clients should contact Melbourne Integrative Psychotherapy & Counselling by telephone or in writing at their earliest convenience to advise when they cannot attend a scheduled session.

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For Cancellations received at late notice i.e. where the client does not provide Melbourne Integrative Psychotherapy & Counselling with at least 24 hours notice to cancel the appointment, or for no-shows, ie. Where the client does not show up for the appointment, Melbourne Integrative Psychotherapy & Counselling may charge 100% of the scheduled fee associated with the service.

## 8. Changes to this Service Agreement

If changes to the treatment 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.

## 9. 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.

## 10. Feedback, complaints, and disputes

If the participant wishes to give the provider feedback or is not happy with the provision of therapy services and wishes to make a complaint, the participant can talk to Sharon Paetzold on 0426 499 949 or [info@integrativepsychotherapy.com.au](mailto:info@integrativepsychotherapy.com.au)

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.

## 11. Goods and Services Tax (GST)

For the purposes of GST legislation, the Parties confirm that:

- a supply of therapy services under this Service Agreement is a supply of one or more of the reasonable and necessary supports specified in the statement 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;
- the participant's NDIS plan is expected to remain in effect during the period the therapy supports are provided; and
- \_\_\_\_\_ [\[insert name of participant\]](#) will immediately notify the provider if the participant's NDIS Plan is replaced by a new plan or the participant stops being a participant in the NDIS.

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## 12. Contact details

\_\_\_\_\_ [insert name of participant] can be contacted on:

Participant Contact Details	
Phone [Business Hours]	
Phone [After Hours]	
Mobile	
Email	
Address	
Alternative contact person	

The provider can be contacted on:

Provider Contact Details	
Contact name	Sharon Paetzold
Phone [Business Hours]	0426 499 949
Phone [After Hours]	0426 499 949
Mobile	0426 499 949
Email	info@integrativepsychotherapy.com.au
Address	PO Box 246 Mitcham VIC 3132

## 13. Agreement Signatures

The parties agree to the terms and conditions of this Service Agreement.

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Signature of NDIS Participant

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Name of NDIS Participant

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Date

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Sharon Paetzold

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Signature of authorised person from  
Melbourne Integrative Psychotherapy  
& Counselling

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Name of authorised person from  
Melbourne Integrative Psychotherapy &  
Counselling

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Date

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## 14. Schedule of supports

Support	Description of support	Price and payment information	How the support will be provided
Other Therapies	Therapeutic Supports, Improved daily living skills - Assessment Recommendation Therapy and/or Training - Other Therapy	\$ 193.99 per 60 minute session 15_056_0128_1_3 PlanManager: _____ <a href="#">[insert Plan Manager]</a>	