



# Service Agreement

(as Participant Representative for..... )

And

**Cindy Dilworth Speech Pathology  
Services**  
(Service Provider)



## National Disability Insurance Scheme Service Agreement

### The Parties

This agreement is made between \_\_\_\_\_ (as Participant Representative for \_\_\_\_\_) and Cindy Dilworth Services.

### Commencement

This agreement will commence on **date** and continue on until the end of the current plan or until notified.

### Supports Services

As an NDIS participant, \_\_\_\_\_ (as Participant Representative for \_\_\_\_\_) agrees to arrange the following services and supports:

#### Improved Daily Living: Speech Pathology Services:

Support will be provided for \_\_\_\_\_ of **Speech Pathology Services** at the times mutually agreed. The schedule of visits will be advised to \_\_\_\_\_ and \_\_\_\_\_. It is expected that \_\_\_\_\_ visits will occur in total.

#### Additional support arrangements

In order to provide the necessary supports and services the following additional arrangements have been planned and agreed to:

- No travel funding is payable (for either petrol reimbursement or travel time)
- Hours can be requested to change to accommodate appointments that may arise

#### Duration

Unless otherwise specified or agreed as the provider of the supports, Cindy Dilworth Speech Pathology Services agrees to provide the above support for the duration of the support plan and/or up until the next schedule plan review. Please refer to support summary below.

#### Support Price

The prices of the supports provided by Cindy Dilworth Speech Pathology Services are outlined in the Support Summary below. Unless listed as an individual quotable support item, support prices are based on and consistent with the NDIS Price Guide. These prices may adjust as updated or amended price guides go into effect over the duration of this plan.

Additional expenses (i.e. things that are not included as part of a Participant's NDIS supports) are the responsibility of the Participant / Participant's representative and are not included in the cost of the supports.



## Service Provider Responsibilities:

Cindy Dilworth Speech Pathology Services agrees to:

- Provide high quality support services as agreed under the NDIA approved plan
- Provide evidence that professional indemnity and public liability insurances are held
- Regularly review the service with a minimum of once every 3 months
- Work with \_\_\_\_\_ to provide services that fit the needs of \_\_\_\_\_ and at nominated times
- Treat all parties with courtesy, respect and dignity
- Actively seek and listen to feedback and resolve problems quickly
- Provide \_\_\_\_\_ with a minimum of 24 hours' notice if you have to change a scheduled appointment to provide supports
- Keep clear records on services provided to \_\_\_\_\_ and protect his 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, and Queensland Quality standard requirements

## NDIS participant representative's responsibilities:

\_\_\_\_\_ (on behalf of \_\_\_\_\_) agrees to:

- Inform Cindy Dilworth Speech Pathology Services about how supports are to be delivered to meet \_\_\_\_\_ needs
- Treat staff with courtesy and respect
- Talk to provider if there are any concerns about the services or supports being provided
- Give provider a minimum of 24 hours' notice if it is necessary to cancel a scheduled appointment;
- Give provider one week notice should he/she wish to cease this agreement
- Let provider know immediately if the NDIS plan is suspended or replaced by a new NDIS plan or when \_\_\_\_\_ ceases to be a participant in the NDIS

## Payments

\_\_\_\_\_ has nominated \_\_\_\_\_ to manage the funding for supports provided under this Service Agreement. After providing those supports, Cindy Dilworth Speech Pathology Services will claim payment for those supports from \_\_\_\_\_.

## 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 agreement

Should either party require this agreement to end, \_\_\_\_\_ (as participant representative) and Cindy Dilworth Speech Pathology Services agree to give 7 days' notice. If either party seriously breaches this agreement, then the requirement of notice will be waived.

## Goods and services tax (GST)

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

- a supply of supports 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
- \_\_\_\_\_ NDIS plan is expected to remain in effect during the period the supports are provided
- \_\_\_\_\_ (as participant representative) will immediately notify Cindy Dilworth Speech Pathology Services if this NDIS Plan is replaced by a new plan or if \_\_\_\_\_ stops being a participant in the NDIS.



# NDIS Participant Service Agreement



## Consent

- By completing and signing this agreement Participant is providing consent for Cindy Dilworth Speech Pathology Services to provide the services as detailed. A session may however be declined verbally by Participant on any occasion however if 24 hours notice has not been provided the service fee may still be charged.
- Our practice may wish to contact other agencies regarding your care supports; we will ask for your informed consent prior to contacting any other organisation or person involved in your support and will respect your wishes in all circumstances unless:
  - We are obliged by law to disclose your information regardless of consent.
  - The disclosure is reasonably necessary to prevent or lessen a serious threat to the life or health of a person or a group of people.

<b>I Acknowledge that</b>	<b>Y</b>	<b>N</b>
<b>I am aware of my right to access my personal information and am aware of the information collected by CDSPS about me that is kept on my file.</b>		
<b>I am aware of my right to withdraw my consent at any time.</b>		
<b>CDSPS must comply with relevant privacy laws, and I will contact the Director immediately should I feel there has been a breach of these laws. (Cindy Dilworth 0438741719)</b>		
<b>Sharing of information may be helpful in providing me with the best possible supports.</b>		
<b>My rights and responsibilities, including my right to access a support of my choice, such as an advocate, in my dealing with CDSPS have been provided to me and explained.</b>		
<b>I have received information regarding how to make a complaint or report an incident regarding the services I receive from CDSPS.</b>		
<b>How to access, leave or re-access CDSPS including the reasons why services may be discontinued.</b>		
<b>Any conditions that may apply to service provision.</b>		
<b>Fees to be charged, what the fees cover, the timelines for payment and the process for addressing difficulties in making payments if required.</b>		
<b>The services offered and other support services available should I need them.</b>		
<b>I have received information regarding infection control and COVID 19 screening processes</b>		
<b>Process if we arrive at your home for an agreed appointment and the door is not answered.</b>		
<b>The incident management process and how incidents involving you would be managed.</b>		
<b>CDSPS will assist with your referral to an external 3<sup>rd</sup> party or advocate if required.</b>		





## NDIS Participant Service Agreement



### Agreement signatures:

All parties agree to the terms or conditions of this agreement.

Name of Participant (Carer/Guardian)	Signature of Participant	Date
_____ (as participant representative on behalf of _____)		

Service Provider Name	Signature of Service Provider	Date
Cindy Dilworth Speech Pathology Services ABN: 63 164 177 771		

### Support Summary Statement

Support Services (Description)	How will these support be provide (e.g. time / date / person name)	Duration of Support	Support Price
Speech Pathology Services	At a time mutually agreed by provider and participant's representative		