

## Service Agreement

This service agreement outlines the support Little Hands Occupational Therapy will provide

### General Information

Client name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of the NDIS plan: \_\_\_\_\_ NDIS number: \_\_\_\_\_  
Guardians' name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Period of Plan: \_\_\_\_\_ Date of the Agreement: \_\_\_\_\_

### Intervention Agreement

#### Client responsibilities

- I agree to provide the required sections of my NDIS plan to ensure services can be provided as funded by the NDIS.
- I am aware that intervention sessions alone may not be sufficient to demonstrate progress. Therefore, I agree to actively participate in the intervention sessions and understand that Little Hands Occupational Therapy may recommend additional exercises outside of intervention sessions.
- I will advise Little Hands Occupational Therapy of any changes to my personal details (contact number, address) or details of my NDIS plan (additional allied health professionals involvement, increase in funds, plan amendments etc.).
- I understand that it is my responsibility to inform Little Hands Occupational Therapy as soon as possible but at the latest 12 hours prior to the appointment, if my child is unable to attend intervention sessions. Some unforeseen circumstances may allow for a cancellation at a later time. I accept that failure to notify Little Hands Occupational Therapy may incur an inconvenience fee (non NDIS clients).
- I acknowledge that repeated cancellations or failure to attend without notification (< 2 times) may result in cessation of intervention services for my child. The decision is at the discretion of Little Hands Occupational Therapy.
- I am aware that I can cease intervention services at any time. I commit to advise my therapist if I intend to leave the service and that already provided services will be invoiced.

#### Therapist responsibilities

- Little Hands Occupational Therapy is committed to provide services in a holistic, individual and family centred way. This includes detailed intervention planning and goal setting to ensure all parties involved are working towards the same objective.
- The therapists agree to treat all information provided to them as private and confidential and will ensure safe and secure storage of any written documentation.
- Little Hands Occupational Therapy will send a text message reminder 24 hours prior to your appointment to allow for sufficient time to reschedule intervention sessions if necessary.
- If the therapist is unable to provide services due to illness, you will be advised as soon as possible.
- Little Hands Occupational Therapy is committed to answer any enquiries (email, phone, verbal) within 24 hours or at least provide you with an update on the progress of your matter.

Service type (Occupational Therapist, Therapy Assistant, travel)	Goal of intervention	Service delivery (individual, group, multidisciplinary, community participation)	Location of service (home, educational facility, clinic)	Costing Hours / Cost per unit	Total cost

**Terms and Conditions**

Preparation time and record keeping will be considered in the hours of service accounted for in your plan. Each appointment with your therapist will include 15 minutes of intervention planning as a standard fee. Any additional services such as communication with other stakeholders or resource production (e.g. visuals) will incur additional costs.

The hourly rates:

- Individual interventions and travel = \$ 172.13
- Group interventions = \$57.38

Travel time greater than 10 kilometres return will be charged and has to be accounted for in the service agreement.

## Privacy Policy

- I understand that Little Hands Occupational Therapy has to create a confidential record to document all necessary information during my child's period of intervention. It has been explained to me that the record of my personal information will be kept on a secure cloud based database of a third party provider (coreplus) as well as in a paper file. All record retention complies with the *Information Privacy ACT 2014*, the *Heath Records (Privacy & Access) Act 1997 (ACT)* and the *Code of Conduct of the Occupational Therapy Board*.
- I give general consent to Little Hands Occupational Therapy to obtain and release information regarding my child with other individuals/agencies associated with the education and care of my child, including day care, preschool, school, general practitioner, paediatrician, specialist or other allied health professional.                    yes                    no

Please indicate if you would like to provide only limited consent and specify who Little Hands Occupational Therapy is permitted to release information to: \_\_\_\_\_

<p><b>Guardian</b></p> <p>I understand and agree with the information in this service agreement.</p> <p>Signature: _____</p> <p>Print name: _____ Date: _____</p>	<p><b>Therapist</b></p> <p>I am committed to provide services as outlined in this document.</p> <p>Signature: _____</p> <p>Print name: _____ Date: _____</p>
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