

## PARTIES

This Service Agreement is for \_\_\_\_\_ (participant's name).

## SUPPORTS

This Service Agreement will commence on \_\_\_\_\_  
(day/month/year)

Location of service: \_\_\_\_\_

When (day/s): \_\_\_\_\_

Cost per session: In line with the current NDIS price guide rate

**\*\* subject to change with CPI increase**

## TRAVEL COSTS

Travel for off-site visits will incur a charge in **minutes of time** from the base location (clinic) to the client's next location. Charges may vary from 5 min, 10 min, 15 min, 20 min, 25 min to max 30 min. Travel will be a separate fee at the current NDIS.

Km's traveled from the base location to the client's next location will be a separate fee based on the current *Health Professionals and Support Services Award 2020*.

## ALLIED HEALTH ASSISTANT (AHA)

Little Star Speech Therapy engages Allied Health Assistants (AHA's) to provide speech pathology services to clients at a reduced rate. AHA's are students who are under the guidance of a full practicing speech pathologist.

- We will discuss the possibility of an AHA with you prior to any appointments booked (if an AHA is available)
- A reduced hourly rate will be charged (45 min face-to-face, 15 min admin)
- There is no obligation for the client to see an AHA

## RESPONSIBILITIES OF THE PROVIDER/THERAPIST

The provider/therapist agrees to:

- Review the provision of supports on a monthly basis (if required)
- Provide supports that meet the participant's needs at a set time and day and frequency of visits (weekly etc..)
- Communicate openly and honestly in a timely manner
- Treat the participant with courtesy and respect
- Consult the participant on decisions about how supports are provided and location
- Give the participant information about managing complaints or disagreements (see privacy policy)
- Listen to the participant's feedback and resolve problems quickly

- Give the participant notice if the provider has to reschedule/change a scheduled appointment
- Give the participant notice for ending the Service Agreement (4-week's notice)
- Protect the participant's privacy and confidential information (see Little Star Speech Therapy's privacy policy)
- Issue regular invoices delivered to the participant.

### RESPONSIBILITIES OF THE PARTICIPANT (OR REPRESENTATIVE)

The participant (or representative) agrees to:

- Inform the therapist about how they wish the supports to be delivered to meet the participant's needs
- Treat the therapist with courtesy and respect
- Talk to the therapist if the participant has any concerns about the supports being provided
- Pay the fee for the support delivered (consultation, assessment, treatment, report writing) immediately after the appointment is completed (EFTPOS, CASH payments, bank transfer the same day)
- Accompany the participant to all therapy sessions
- Wait for the participant in treatment room/waiting room until therapy supports have completed
- Deliver home practice with the participant on a daily basis (or as negotiated between the therapist and participant's representative)
- Give the provider/therapist notification if the participant needs to end the Service Agreement (2-week's notice).

### PAYMENT OF SUPPORTS DELIVERED

*The following services will be charged in minutes/hours of time consumed (only if applicable).*

- Non-refundable booking fee for initial assessment/consultation (1-hour current NDIS rate, applied to the total cost of the initial appointment)
- Initial consultation with a speech therapist
- Standardised assessment for speech, language or literacy with a speech therapist
- Report writing time
- Delivery of treatment (therapeutic supports)
- Administration time in relation to the client (ex. client notes)
- Interim assessment of participant's speech and/or language skills
- Progress Reports/Review Reports or summaries
- Travel-time and Km's
- Phone calls/emails in relation to the client
- Development of resources for the participant
- Meetings on/off-site in relation to the client
- Program development time including:
  - Conducting thorough research and preparation
  - Setting and regularly reviewing goals tailored to your child's progress
  - Designing personalized sessions that cater specifically to your child's needs

- Collaborating between our allied health professionals and assistants
- Consulting with other professionals as required
- Sending follow-up emails/communication to keep you informed

### EMERGENCY OR DISASTER ARRANGEMENTS

In the event of an emergency or disaster (ex. natural disaster, human-caused disasters, other incidents including pandemics) and the client is unable to access face-to-face supports, we will strive to ensure continuity of supports for the client.

Modification of supports: the location of the support delivered may be changed from in-clinic to other locations including the client's home or Telehealth methods (ex. Zoom appointments).

### BOOKING FEE FOR INITIAL ASSESSMENT OR INITIAL CONSULTATION

A non-refundable booking fee of **\$193.99** will be immediately charged when an initial assessment or consultation has been booked-in with a clinician. The fee will be applied against the total cost of the initial appointment.

### CANCELLATIONS/HOLIDAYS AND "NO SHOWS" FOR APPOINTMENTS

If a participant books an initial appointment/consultation with a speech therapist and does not show or cancels the appointment, there will be no refund of the booking fee. If the participant needs to reschedule the initial appointment, Little Star will **apply the change once**.

If a participant makes a short-notice cancellation (or no show) for a treatment session, the provider will charge 100% of the fee agreed upon by the Service Agreement. A cancellation fee will be charged if the participant has failed to give '**2 clear business days**' notice before **8:00am** (ex. If a client has an appointment anytime on Monday, the clinic must be notified of the cancellation by 8:00am the preceding Thursday).

If a participant is unwell and a doctor's certificate is provided to the clinic within 48 hours, the cancellation fee will be completely waived.

If the clinician has travelled to an **off-site location** (ex. school/home/preschool) and is not notified of the participant's absence, the travel fee and km's fee will still apply.

If the participant is going on a holiday and unable to attend their regular appointment, Little Star can hold the appointment spot for a maximum time of 3-weeks unless reception staff can make alternate arrangement to hold the spot. Please consult with reception staff as soon as possible.

### ENDING A SERVICE AGREEMENT

To end a Service Agreement, participants will need to give the provider a notice period of "2-weeks" before ending the agreement.

Please note that 100% of the scheduled fee can be charged during the 2-week notice period. You are requested to complete an “exit form” when ending services at Little Star.

**AGREEMENT, SIGNATURE AND DATE**

- I have read, understood and agree to the terms and conditions as listed above
- I acknowledge that I have read, understood and agreed to the Cancellation and ‘No Show’ policy.
- I agree to my child being occasionally observed by a Little Star Director, Clinical Educator or Senior Clinician for quality improvement purposes and staff supervision.
- I am happy to be offered the option to work with an AHA (student) charged at a reduced rate.

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NAME SIGNATURE

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DATE