

Service Agreement

Date of Service Agreement: ____/____/____

This document outlines our policies regarding booking, cancellations and payments, confidentiality, as well as how to provide feedback regarding our services. We require this document to be accepted and signed prior to commencing ongoing services. Should you have any questions regarding any part of the document, please do not hesitate to contact us.

Name of client	
Client's date of birth	
Cultural identity	
Medical history or formal diagnosis	
Client's phone number	
Client's home address	
Name of client's nominated/EPOA contact person	
Nominated/EPOA contact's relationship to client	
Nominated/EPOA contact's number	

Booking and Cancellation Policy

Schedule of Supports

- Please see the signed Schedule of Supports Document which outlines the supports to be provided and the costings associated with Speak and Swallow's services. This is an agreement between Speak and Swallow and the client.
- Sessions will be provided at Client's agreed designated location or at Speak and Swallow's clinic (16/115-117 Buckley Road, Burpengary East, QLD).
- Travel charges will apply as per Schedule of Supports document.
- Any additional administration, resource development, documentation, and report writing services are all charged at the hourly rate of \$193.99.

Client Expectations

- Telling the service provider about the supports that you want, and how you want to receive them.
- Being polite and respectful to the staff who work with you.
- Telling the service provider if you have any issues with the service and would like to provide feedback.
- Telling the service provider straight away if you want to end the Agreement via written documentation. **Four week's notice** (full charge) is a mandatory requirement as per Speak and Swallow's policies and procedures.
- If you have an NDIS plan, please let the service provider know if your NDIS Plan changes or if you stop using the NDIS.

You agree to adhere to Speak and Swallow's policies and procedures. Speak and Swallow have a number of business and service policies. As a client you are able to access these policies at any time on request. Please contact your Speech Pathologist or the company directly for further information.



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Service Provider Expectations

- Providing the services that you have asked for.
- Being open and honest about the work that they do.
- Explaining things clearly.
- Treating you politely and with respect.
- Including you in all decisions about your supports.
- Letting you know what to do if you have a problem and want to provide feedback.
- Listening to your feedback and fixing any problems quickly.
- Telling you if they want to end the Agreement.
- Making sure your information is correct and up to date.
- Storing your information carefully and making sure it is kept private (see Confidentiality Policy)

Cancellations

Cancellation of an upcoming scheduled service requires a minimum of **two (2) full business days'** notice.

- Where the Client provides this adequate notice, no charge will be incurred.
- Where the client cancels with short notice or no shows, Speak and Swallow will charge 100% of the scheduled fee.

Ending the Agreement

- If you want to end this Service Agreement, you must inform Speak and Swallow immediately, confirmed via written documentation.
- Clients are able to cease services without incurring any costs for the remaining, if they give **four (4) weeks' notice of their intention** to do this. Clients will be charged for session taking place during the four weeks' notice period, regardless of if they attend the sessions or not. Our short notice cancellation policy does not apply during this period to cease services.
- Where the client's NDIS funding does not permit charges against the NDIS plan, the



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client will be personally charged 100% of the fee. This will be recorded on the service delivery record and the relevant charge will be invoiced to the client personally.

- If the client has **4 consecutive cancellations**, the cease of service will be implemented.

Payment Policy

Payment Method

- Speak and Swallow will bill the client, client's NDIS plan manager or government funded provider directly.
- Payment must be made within 7 days of the date of service.
- Payment should be made via electronic funds transfer.

Changes to Payment

- Any changes made to the service agreement need to be in writing.
- Both the client and the service provider need to agree on the changes.
- If any changes are made, a new service agreement will be written and signed by the service provider and the client.
- Speech therapy appointments will only be placed on hold during Speak and Swallow's closure periods with no exceptions.

Goods and Services Tax

Most services provided under the NDIS or government funding grants will not include GST. However, GST will apply to some services.

- It is the service provider's responsibility to check whether GST does or does not apply.
- By signing this Agreement, the service provider says that they have checked whether GST applies and will be included in the schedule of supports or direct contract with the Home Care Package.

For NDIS clients: Under tax law, the following sentence must be included in this Agreement:

- "A supply of supports under this Service Agreement is a supply of one or more reasonable and



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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."

Confidentiality Policy

Speak and Swallow needs to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you. If you do not provide this information; we may be unable to provide speech pathology services to the best of our abilities. This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly or through an insurer or compensation agency;
- c. Use within the practice if passing your case to another speech pathologist within the practice for your ongoing management;
- d. Disclosure of information to your doctors and other health professionals to facilitate communication and best possible care for you; and
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that affects your return to work.

Speak and Swallow has a Privacy Policy that is available on request. This policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to other relevant service providers, who are involved in your management. These may include your doctor, specialists, other health professionals, employers or others, but only where it is considered to be of benefit to your progress. This will include other clinicians (Speech Pathologists) under Speak and Swallow for the purpose of accountability, supervision, and quality of care.



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Please list the names and contact details of the individuals involved in your care in table below.

Professional	Name & details ✓
General Practitioner	
Specialist (e.g. neurologist, oncologist, ENT ect)	
Dietitian	
Occupational Therapist	
Physiotherapist	
Previous Speech Pathologist	
Other – Audiologist, Psychologist etc.	

- ☐ I acknowledge that have read the above information and understand the reasons for collecting the information and the ways in which the information may be used. I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my assessment and therapy progress. I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate. I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me. I understand that the Practice must obtain additional consent if the information collected is to be used in any ways other than that outlined above.

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Providing Feedback

It is your rights as a Client to provide feedback regarding our services. We appreciate your feedback as we strive to improve the quality of the service we deliver.

- The feedback/complaints procedure can be located on our website (www.speakandswallow.com.au) under “Resources” > “Policies” > “Complaint Form”.
- Alternatively, you may contact our administration team who will assist you in the procedure.
 - Phone number: 1300 867 732
 - Mobile number: 0400 731 551
 - E-mail address: info@speakandswallow.com.au

Please do not hesitate to contact our administration team or your Speech Pathologist, should you have any questions or would like to discuss any aspects further before signing this Service Agreement on the following page.

NDIS Information (if applicable)	
NDIS Plan Number	
NDIS Plan Dates	
Support Coordinator or Local Area Coordinator (LAC) details	Company: Name: Contact number: E-mail address: Business address:
Plan manager details	Company: Name: Contact number: E-mail address: Business address:

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- ☐ I give consent for Speak and Swallow to discuss information that is relevant and beneficial to my care with my Support Coordinator.
- ☐ I agree for myself or my support coordinator to inform Speak and Swallow immediately of any changes to my NDIS plan that is relevant to this service agreement and service delivery.

Acceptance of Service Agreement

- ☐ I agree that I have read this document in detail and have raised any questions or concerns to Speak and Swallow, prior to signing.
- ☐ I consent to Speak and Swallow disclosing information related to this service agreement to a third party when relevant to my care and quality of the service delivery.

Name of Client (Or authorised nominated person – please specify)		
Signature:		Date:
Service Provider:	Speak and Swallow	
Name of service provider representative:		
Signature:		Date:

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