

# Service Agreement:

Date of Service Agreement:

This document outlines our policies regarding bookings, 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 services. Should the client have any questions regarding any part of this document, please do not hesitate to contact us.

## Client Information

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 EPOA/nominated contact person	
EPOA/Nominated contact's relationship to client	
EPOA/Nominated contact's number	
Advanced Health Directive Do Not Resuscitate (DNR)	<b>Yes or No</b> <b>Yes or No</b>
Reason for service provision	

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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: Contact number: E-mail address: Business address:

## **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. Please be aware we charge a flat rate of \$97.00 for home visits unless specified otherwise.
- Any additional administration, resource development, documentation, and report writing services are all charged at the hourly rate of \$193.99.



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## Client Expectations

- Telling the service provider about the supports that the client wants, and how the client wants to receive them.
- Being polite and respectful to the staff who work with the client.
- Telling the service provider if the client has any issues with the service and would like to provide feedback.
- Telling the service provider straight away if the client wants 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 the client has a NDIS plan; please let the service provider know if the client's NDIS Plan changes or if the client stops using NDIS.

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

## Service Provider Expectations

- Providing services within our scope of practice.
- Being open and honest about the work that they do.
- Explaining things clearly.
- Treating the client and their key supports politely and with respect.
- The client or the client's EPOA will be included in all decisions about their supports.
- Letting the client know what to do if they have a problem and want to provide feedback.
- Listening to the client's feedback and fixing any problems in a timely manner.
- Telling the client if they want to end the 'Service Agreement'.
- Making sure the client's information is correct and up to date.
- Storing the client's information carefully and making sure it is kept private (see Confidentiality Policy)



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## 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 the client wants to end this Service Agreement, the client or client's EPOA 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 sessions 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 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.



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## 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.

Please provide the details below of who is to receive the invoices from Speak and Swallow:

Company/Name:	
Email Address:	
Additional recipient's email address:	

### 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



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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 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 the client for the primary purpose of providing a quality service to the client. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from the client. If the client does 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, compensation agency, government body (ie DVA, NDIS, Homecare provider);
- c. Use within the practice if passing the case to another speech pathologist within the practice for ongoing management;
- d. Use within the practice for learning purposes and supervision
- e. Disclosure of information to the client's key stakeholders (ie doctors, other health professionals, NDIS liasons) to facilitate communication and best possible care for the client; and
- f. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that affects returning 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 the client's information. The Privacy Policy contains information on how to request access to, and correction of personal information and how to complain about a breach of the client's privacy and how we will deal with such a complaint.

To ensure the process of quality treatment provision, information about the client's assessment results and progress may be given to other relevant service providers, who are involved in the client's management. These may include the client's doctors, specialists, other health professionals, employers or others, but only where it is considered to be of benefit the client's progress. This will include other



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# Service Agreement:



clinicians (Speech Pathologists) under Speak and Swallow for the purpose of accountability, supervision, and quality of care.

Please list the names and contact details of the individuals involved in the client's care in table below, by which giving Speak and Swallow's clinicians permission to liase with all key supports and professionals.

Professional	Name & details	✓
Family/Next of Kin		
General Practitioner		
Specialist (e.g. neurologist, oncologist, ENT ect)		
Dietitian		
Occupational Therapist		
Physiotherapist / Exercise Physiologist		
Previous Speech Pathologist		
Other Medical or Allied Health Professionals		
NDIS Represnetives	Support Coordinor: Plan Manager:	
School	Classroom Teacher: School Contact:	
Homecare Package Provider Or Service Provider (ie SIL, SDA)		
Any Other		

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- 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.

## **Providing Feedback**

It is the client's rights to provide feedback regarding our services. We appreciate 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](http://www.speakandswallow.com.au)) under "Resources" > "Policies" > "Complaint Form".
- Alternatively, contact our administration team who will assist in the procedure.
  - Phone number: 1300 867 732
  - Mobile number: 0400 731 551
  - E-mail address: [info@speakandswallow.com.au](mailto:info@speakandswallow.com.au)

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



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## 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 agree to this Service Agreement and all outlined policies.
- 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.
- I agree for Speak and Swallow to liaise with individuals involved in my care as outlined above

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



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