NURTURING HANDS ALLIED HEALTH PTY LTD

NDIS Service Agreement

Version 3.0 · September 2026

Participant Name: _____ NDIS Number: _____

Date of Birth: _____ Representative (if applicable): _____

Agreement Start Date: _____ Agreement End Date: _____

1. Purpose of this Agreement

This Agreement outlines the supports and services Nurturing Hands Allied Health Pty Ltd ("we", "our", "us") will provide to the Participant under their National Disability Insurance Scheme (NDIS) plan, and the rights and responsibilities of both parties. Our aim is to deliver high-quality allied health services in a supportive and respectful environment.

2. Services to Be Provided

We agree to provide the following supports:

- Allied Health Assistance / therapy programs delivered under the direction and guidance of the Participant's own treating Allied Health Professional (e.g., Physiotherapist, Speech Pathologist, Occupational Therapist)
- Social Work / Psychosocial support (including Behavioural Therapy)
- Telehealth Counselling

A full description of our services is available on our Services page.

3. Service Delivery

- Services will be delivered at the location agreed with the Participant.
- We will schedule appointments as per mutual agreement.
- Should circumstances change, both parties will communicate promptly.

4. Responsibilities

Our Responsibilities

- Provide supports that meet the Participant's needs at scheduled times.
- Consult the Participant about how supports are delivered.
- Treat all information as private and confidential (see our Policies and Procedures page).
- Issue invoices for services delivered.
- Listen to and work to resolve any concerns or complaints.

Your Responsibilities

- Inform us if your NDIS plan changes, or if you no longer wish to receive services.
- Provide us with relevant information that will help us provide appropriate supports.
- Attend scheduled appointments or provide at least 24 hours' notice to cancel (see Section 6).
- Pay any required fees within the agreed timeframe.

5. Fees & Billing

- Fees for our services will align with the current NDIS Price Guide.
- Participants or their representatives will be invoiced after services are delivered.
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Payment terms: 7 days from date of invoice.

- If services are Self or Plan Managed, invoices will be sent to the Participant or their NDIS Plan Manager.
- For NDIA-Managed participants, claims will be lodged electronically via the NDIS portal.

Our current rates and billing policies can be found on our Policies and Procedures page.

6. Changes and Cancellation

- Either party may end this agreement by giving 2 weeks written notice.
- We ask for at least 24 hours' notice to cancel or change an appointment. If you cancel with less than 24 business hours' notice, or do not attend, the full rate for that appointment is charged. If you cancel with more than 24 hours' notice, there is no charge. Example: if your appointment is Monday at 11:00am, you need to cancel by 10:59am on the Friday before.
- Any amendments to this agreement will be made in writing.

7. Feedback, Complaints, & Disputes

We value your feedback and aim to resolve concerns quickly. Raise concerns with our team via:

- Email: deb@nurturing-hands.com.au
- Phone: 03 9003 0253
- Contact form: nurturing-hands.com.au/contact

If unresolved, participants may contact the NDIS Quality and Safeguards Commission at 1800 035 544.

8. Privacy & Confidentiality

All personal information is handled in accordance with privacy law and our Privacy Policy. We will not disclose personal information without consent except as required by law.

9. Consent to Exchange Information

By signing this agreement, you give consent for Nurturing Hands Allied Health Pty Ltd to share relevant information with other service providers, health professionals, and your funding body for the purpose of supporting your NDIS plan implementation, unless otherwise advised by you in writing.

10. Agreement Acceptance

By signing below, all parties agree to the terms and conditions outlined in this service agreement. This agreement will remain in effect from the start date until the end date specified above or until otherwise terminated in accordance with Section 6.

Participant or Representative

Name: _____
Signature: _____
Date: _____

Nurturing Hands Allied Health Pty Ltd (Provider)

Name: _____
Signature: _____
Date: _____

For more information on our services and your rights, visit: nurturing-hands.com.au