Welcome to NDIS PROGRAM DESCRIPTION AND PARTICIPANT SERVICE AGREEMENT

PROGRAM DESCRIPTION

NATIONAL DISABILITY INSURANCE SCHEME - INTRODUCTION

- Independence Medical Group is a Registered Provider for the National Disability Insurance Scheme (NDIS).
- The NDIS aims to enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

To be eligible for NDIS you must:

- Be under 65 years of age.
- Be an Australian citizen or have a permanent resident visa or a protected special category visa.
- Meet the NDIS disability rules by having an impairment or condition that is likely to be permanent and that stops you from doing everyday things by yourself.
- The allocation of funds is decided by the NDIS with an independent assessment that determines eligibility, support needs and your individual budget.

The eligible person/representative then selects the provider of their choice.

PROVIDER RESPONSIBILITIES

- Review the provision of supports with you/your representative at least annually (based on needs).
- Once agreed, provide supports that meet your needs at your preferred times.
- Communicate openly and honestly in a timely manner.
- Treat you/your representative with courtesy and respect.
- Consult with you/your representative on decisions about how supports are provided.
- Give you/your representative information about managing any complaints or disagreements.
- Listen to your/your representative feedback and resolve problems quickly.
- Give you/your representative notice if an appointment needs to change.
- Protect your privacy and confidential information.
- Provide supports in a manner consistent with all relevant laws.
- To adhere to the National Standards for Disability Services and provide you/your representative with a copy of the Standards upon request.

YOU AND OR YOUR REPRESENTATIVES' RESPONSIBILITIES

- Provide information about how you/your representative wish the supports to be delivered to meet your needs.
- Treat other providers and clinicians with courtesy and respect.

- Talk to Independence Medical Group if you/your representative has any concerns about the supports being provided.
- Give 24 hours' notice (wherever possible) if you are unavailable for a scheduled visit – failure to provide notice may result in payment required for the scheduled service as per NDIS Guidelines.
- Give 28 days' notice if you/your representative wish to end the Service.

Agreement

- Let Independence Medical Group know immediately (as per Funder Guidelines) if your NDIS Plan is suspended or replaced by a new NDIS Plan.
- Let Independence Medical Group know immediately (as per Funder Guidelines) if you stop being a participant in the NDIS program.

ALL INCLUSIVE RATES

- You/your representative chooses your level of involvement in selection of support workers, selecting the supports you require and directing your services.

The NDIS funds allocated for your services include:

- All services provided by INDEPENDENCE MEDICAL GROUP.
- Recruitment and training of clinicians entering your program on behalf of INDEPENDENCE MEDICAL GROUP.
- Criminal record checks.
- Professional Indemnity and Public Liability insurances for INDEPENDENCE MEDICAL GROUP.
- Workers' compensation.
- 24-hour access to support and advice.
- Registered Nurse available for support and review.

YOUR INDIVIDUAL PLAN – SCHEDULE OF SUPPORTS

Based on your NDIS assessment and depending on your needs and choices your plan may include several documents.

The Client Care Plan incorporates the following information and is developed by you/your representative.

The Plan includes things such as:

- Goals and outcomes to be achieved.
- Services required.
- Timetable of services.
- Service Agreement.
- Participant Information.

REPORTING OBLIGATIONS

Independence Medical Group has robust Incident and Complaints Management Systems in place to respond to any incidents that occur or are alleged to have occurred in connection with the provision of supports or services.

Under the Guidelines of the NDIS Quality and Safeguards Commission, it is a legal requirement that all Registered NDIS Providers notify the Commission of certain types of incidents. These incidents are referred to as "Reportable Incidents" and can include:

- Death.
- Serious injury.
- Abuse or neglect.
- Unlawful sexual or physical contact with or assault.
- Sexual misconduct against/in the presence of Participant.
- The use of unauthorised restrictive practices.

CONFIDENTIALITY

PURPOSE

Our policy is to respect and protect the privacy of all people connected with Independence Medical Group, including customers, participants, providers, employees, contractors, and community partners. This Privacy Policy tells you the kinds of personal information we collect and hold, how and why we collect and hold that information and how we use it. It also tells you how you can access and amend your personal information and how you may make a complaint if you think that we have breached our privacy obligations.

Personal information is information or an opinion about an individual whose identity is reasonably identifiable. Examples of personal information include a person's name, address, date of birth and details about their health or disabilities.

In dealing with personal information, we abide by the obligations imposed on us under federal law, including the *Privacy Act 1988*. *Privacy Act* and the *National Disability Insurance Scheme Act 2013*. The Privacy Act authorises our collection of personal information where this is required to facilitate access to the NDIS and perform our other functions as a supplier of medical and rehabilitation equipment.

We are also bound by confidentiality and secrecy provisions in the *National Disability Insurance Scheme Act 2013* (*NDIS Act*). These provisions limit how we collect and use personal information and when and to whom information can be disclosed.

INFORMATION COLLECTION

We collect and hold information which is reasonably necessary for us to carry out our role. The kinds of information we collect, and hold includes (but is not limited to) personal information about participants and other users of our services, and about our employees and providers.

Personal information that we may collect includes:

- name contact details date of birth and age.
- gender, limited details about participants' physical or mental health, including disabilities where such information enhances level of support and advise offered to a participant to make a more informed choice.
- information about participants' support requirements.
- details of guardians and nominees, including names, addresses and contact details.
- details of feedback or complaints about services provided by us.
- employee records.
- Information collection usually comes directly from the customer / participant or through a third party to whom consent has been granted to forward your information onto us e.g. clinician, community support co-ordinator, support worker or guardian for service delivery to occur.

PERSONAL INFORMATION PROTECTION

Independence Medical Group take steps to ensure that no-one outside INDEPENDENCE MEDICAL GROUP can access information we hold about someone without that person's consent unless that access is authorised or required under law.

We have systems and procedures in place to protect personal information from misuse and loss, as well as from unauthorised access, modification, or disclosure. These steps include:

- Any paper records are held securely in accordance with Australian government security guidelines.
- Access to personal information is on a need-to-know basis, by authorised personnel.
- Our premises have secure access; and
- Storage and data systems and protections are regularly updated and audited.

When no longer required, personal information is archived in a secure manner, ensuring that the storage of electronic and hard copies of information complies with legislative requirements, as well as the Privacy Acts.

ACCESSING OR UPDATING PERSONAL INFORMATION

Independence Medical Group aim to ensure that the information we hold about a person is accurate, up to date, complete and relevant before acting on it. If a person learns that personal information,

INDEPENDENCE MEDICAL GROUP holds about them is inaccurate, outdated, incomplete, irrelevant, or misleading, that person should contact us so that their information can be updated.

Where a person requests us to correct personal information, we hold about them, we will action this request promptly. This request will be noted on your records as a verbal or written request. A person can also request that we notify that change to any other agencies or organisations that we have previously disclosed the personal information to.

If we do not agree to correct our records as requested, we will give written notice of the decision, setting out our reasons for refusing the request and how that person can lodge a complaint about our decision.

COMPLAINTS

If you think we have breached your privacy obligations and wish to lodge a complaint about Independence Medical Group, please contact the NDIA on 1800 800 110.

FINANCIAL INFORMATION AND PAYMENT

Rates charged will reflect the NDIS price guide with no co-payment or further cost recovery from you. Additional expenses such as things that are not included as part of the NDIS funded support are the responsibility of you or your representative and may not be included in the cost of the supports.

Payments are made on a 'Fee for Services' basis. This means, NDIS (or your nominated payer) only makes payment after your services have been delivered.

You or your representative will determine with NDIS the most suitable option to meet your needs. Please tick appropriate option below:

Appendix A:

> Provision and Cost of Supports lists the supports that will be provided to you and their costs. A more detailed timetable of supports will be developed as part of your individual Client Care Plan prior to service delivery commencing.

☐ Option 1 **NDIA Managed**	The Participant has nominated the National Disability Insurance Agency (NDIA) to manage the funding for supports provided under this Service Agreement. Independence Medical Group will claim payment for those supports from the NDIA portal.
☐ Option 2 **Self-Managed**	The Participant has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. You will receive an emailed invoice from Independence Medical Group to be paid by you within 5 days of receiving services. This payment can be made through online banking as directed on the invoice. **Participant Name:** **Contact number:** **Email:**
☐ Option 3 **Nominee**	The Participant's Nominee manages the funding for supports provided under this Service Agreement. The Nominee will receive an emailed invoice to be paid within 5 days of the Participant receiving services. This payment can be made through online banking as directed on the invoice. **Nominee Name:** **Contact number:** **Email:**
☐ Option 4 **Plan-Managed**	The Participant has nominated a Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement. An invoice will be sent to the Plan Management Provider to be paid within 5 days of the Participant receiving services. This payment can be made through online banking as directed on the invoice. **Registered Plan Management Provider Name:** **Contact number:** **Email:**

CONTACTS

- Independence Medical Group will maintain contact with me routinely.
- I can contact INDEPENDENCE MEDICAL GROUP and request assistance, advice and if I have any concerns or changing needs in relation to the services INDEPENDENCE MEDICAL GROUP provide under NDIS.
- I understand I have the right to make a complaint about my service at any time to Independence Medical Group or to the NDIS Quality and Safeguards Commission.

Independence Medical Group

Phone: 0479 112 668

Email: admin@independencemedical.com.au

Website: bridgehealthcaregroup.com.au

NDIS

Hotline:1800 800 110

Web: www.ndis.gov.au

NDIS Quality and Safeguards Commission

Phone: 1800 035 544

Web: www.ndiscommission.gov.au

AGREEMENT ACCEPTANCE

Providers Name: Independence Medical Group NDIS Registration Number:

The Participant (*name*) _____agrees to the terms and conditions of this Service Agreement.

Participant Signature: _____NDIS Number:_____

Date:_____

Accepted by Participant Representative:

Name: _____

Role: _____

Signature: _____

Date: _____

☐ Consent given for Participant to be contacted by an external auditor relating to Customer Satisfaction.

Witnessed by Independence Medical Group (as per NDIS Program Guidelines):

Name: _____

Date: _____

Role: _____

Signature: _____

APPENDIX B:

PROVISION AND COSTS OF SUPPORTS

Participant Name: _____

Services Requested: _____

NDIS Number: _____

NDIS Plan Period: _____

Support Item	Services Budgeted e.g. hours/week	Cost per week	Plan Cost
Total			

Note: The actual total plan cost may vary slightly due to:

- Any service changes/cancellations requested by the Participant.
- Any change of NDIS rates set by the National Disability Insurance Agency (NDIA). The NDIA will update prices on at least an annual basis, effective 1 July each year. NDIS pricing is published on the NDIS website.

- A one-off establishment fee is payable before you commence service delivery with Independence Medical Group. You would have already been notified of this cost in your quotation for services.

Variations

Independence Medical Group reserves the right to vary, replace or terminate this policy from time to time.

POLICY VERSION AND REVISION INFORMATION

Policy Authorised by Paul D Baxter RN Position: Managing Director

Original issue: August 2024

Review date: Annually

Policy Maintained by: Managing Director

Current Version: 1.0

Last review date: August 2024

WORKPLACE PARTICIPANT ACKNOWLEDGEMENT

I acknowledge:

1. Receiving the Independence Medical Group Welcome to NDIS Program Description and Participant Service Agreement.
2. That I will comply with the policy; and
3. that there may be disciplinary consequences if I fail to comply, which may result in the termination of my employment.

Your name:

Signed:

Date: