

# Victorian Contenance Resource Centre

## NDIS Contenance Service - Service Agreement



### Participant Details

Participant's name:

NDIS plan number & expiry date:

Participant address:

Phone:

Email:

Date of Birth:

Do you identify as Aboriginal or Torres Strait Islander?

Yes

No

### Authorised Nominee Contact Details

Full name:

Organisation & Address:

Mobile/Office No.:

Email:

Relationship to NDIS participant:

### Your Rights & Responsibilities:

- In signing this Service Agreement, I acknowledge that I have read and understand all relevant terms and conditions.
- If my NDIS plan is self-managed or I use a NON NDIA registered Financial Service, then all payments owed by me will be payable on the day of each service, with any reimbursement due to myself to be sought/claimed at my convenience thereafter.
- The signing authority acknowledges responsibility for ensuring payment of service invoice/s.
- I am responsible for providing evidence acceptable to Contenance Foundation of Australia (the Foundation), that sufficient funding has been allocated to the NDIS plan for payment of the services I am requesting / receiving from the Foundation.
- The Foundation will provide continence related services to me via Telehealth, or other mutually agreed premises or platform.
- The Foundation will provide an appropriate outcome report to me after full payment of invoice is received.
- I have the right to request access to my information held on file by the Foundation for the purposes of correction, clarification and addition of further details relevant to my appointment with the Foundation.
- As an NDIS participant I understand and agree that the NDIA may contact me regarding services provided.
- It is my responsibility, or my authorised nominee, to provide the Foundation with any revocation of this consent as soon as possible, where applicable, in writing.

### Our Rights & Responsibilities:

- The Foundation may collect, use, disclose, store and handle personal information about me for the primary purpose of providing health services to me, managing the supply of these services, and, where necessary, sharing it with other health service providers and health professionals, who may be able to further assist me, in accordance with the Information Privacy Act 2000 (IP Act) and the Health Records Act 2001 (HR Act).

- The Foundation will process my personal information so that it is 'de-identified' and no longer identifies me. Using that de-identified information for internal research purposes, statistical purposes or to improve the health services offered to me.
- The Foundation will fulfil any legal obligations e.g. the Foundation may be required by law to disclose personal information to law enforcement agencies, courts or regulatory bodies to meet our public health obligations.

### Cancellation Policy:

- Failure to attend a scheduled appointment or cancellation with less than two (2) CLEAR BUSINESS DAYS notice may incur a fee of up to 90% of the expected scheduled NDIS fee, as per current NDIS Guidelines.
- If I am more than 15 minutes late to a scheduled appointment, it may be cancelled and the cancellation policy will apply and fees charged, unless arranged with the Foundation otherwise.
- All prices quoted may change from time to time, without notice, in keeping with NDIS price guides.
- The Foundation encourages all feedback, compliments or complaints. I may speak to a staff member, email the Foundation directly or complete the online form here: [continenence.org.au/ndis-continenence-services](https://continenence.org.au/ndis-continenence-services)
- Full privacy policy can be viewed here: [continenence.org.au/privacy-policy](https://continenence.org.au/privacy-policy)

Participant OR Authorised Nominee signature:

Please print FULL name & date:

**The above Terms & Conditions are hereby acknowledged, understood and agreed upon by the completion, signature and lodgement of this service agreement by me to Continenence Foundation of Australia.**

### NDIS Registered Service Provider details: Continenence Foundation of Australia

Clinical practice details,  
location and trading name: Continenence Foundation of Australia  
Suite 1, 407 Canterbury Road, Surrey Hills, VIC 3127  
Phone: (03) 9816 8266 ABN 85 598 926 929  
E [info@continenencevictoria.org.au](mailto:info@continenencevictoria.org.au) W [continenence.org.au](https://continenence.org.au)

**Name & Signature:**

**Date agreement received:**

NDIS Registered Support Services	Service Hours Billed	NDIS Price Per Hour
Continenence Assessment, Report & Prescription	Min 4 – up to 6 hours	\$146.72 (Min \$586.88)
Continenence Training, Reviews & Health Supports	Min 30 mins	\$146.72 (Min \$73.36)
Catheter Services - External Visits	Min 1.5 hours + Travel Fee	\$124.05 (Min \$248.10)
Catheter Services - On site at our clinic	Min 1 hour	\$124.05 (Min \$124.05)
*Travel Fee if External Visit - Per NDIA Item Price Guide	Max 30 mins each way	\$124.05 - \$146.72