

What's included in my NDIS charges for therapy and group programs?

The current NDIS price guide enables the following costs to be claimed for therapy provision:

Contact Time of Therapist / Therapy Assistant provided:

Includes non-direct (non-face to face) and direct supports with carer/participant/other professionals and support workers involved via email, phone and face to face or group attendance, or meeting attendance. This also includes:

- Assessment time including documenting the outcomes and providing feedback.
- Time spent making notes at the end of each appointment (approximately 15 mins per appointment).
- Therapist time spent responding to participant queries, written and verbal including additional requests and advice, developing resources for therapy, follow up with other service/s working with the participant (internal and external) such as planners, teachers, other health Professionals.
- Time to consult with you on NDIS reports, therapy reviews and writing reports for you for NDIS and other purposes as requested.

Travel time:

Includes the time it takes for the therapist / nurse / therapy assistant to travel to and from the participant's location (home, education setting, outreach). This is defined in the price guide as **up to** 30 min travel to and from the participant's location. If the participant is located in Portarlington, St Leonard's or Indented Head travel time can be charged **up to** 60 mins to the participants' location. **Example** The therapist travels 30 minutes to the participant and 30 minutes to return to the workplace, 60 minutes would be invoiced as travel. This will come out of the therapy hours.

Short Notice Cancellations or no shows:

If notice is not provided by you **2 clear** business days prior to the appointment, a charge of 100% of the hourly rate will be charged. In the case where exceptional circumstances occur that may impact on your ability to provide 2 days clear business days' notice, Bellarine Community Health (BCH) may apply a reduction of the charge to 50% of the hourly rate with the provision of additional information (e.g., a medical certificate or Stat Dec). Please call us on 1800 007 224 urgently if you need to cancel an appointment so we can re-schedule or email your therapist directly.

Hourly rates and other claimable charges are according to the current NDIS Price Guide, which is reviewed by NDIS periodically. BCH will apply the hourly rates increases in line with the revised NDIS price guides and will apply to all NDIS services at BCH on the effective date of the price increase.

Bellarine Community Health, The NDIS and You

BCH supports the autonomy of participants in making decisions. Participants of BCH have the right to make decisions about their own healthcare and have those decisions respected, even if your choices have risks (Dignity of Risk). Your choices will show in your care plan. No person will be excluded from the decision-making process about their own life.

BCH will support you in making decisions by giving you options and discuss any risks so you can make an informed decision relating to your services with us. We will record your decision in your secure participant file so that other staff are aware of your choice and control about how you want your services delivered.

There may be times where your informed decisions about your healthcare or lifestyle may place our staff or others at risk of injury. Depending on the type and level of risk, the staff member may stop the service until the risk is looked at and resolved.

You will be informed if we are unable to continue services due to the level of risk to our staff or others and be offered alternative supports if they are available.

Your access to services will not be withdrawn because of your choices and preferences, unless they are unlawful, or compromise others' rights to safety, or the rights of others.

Your Advocate

An advocate is someone who stands alongside a person who wants support. You may want an advocate to help you.

If you do, BCH will assist you to find an advocacy service:

Villamanta Disability Rights Legal Service Inc:

1800 014 111 www.villamanta.org.au

Rights Information and Advocacy Centre Geelong:

03 5222 549 www.riac.org.au

Barwon disability Resource Council

03 52218011 www.bdrc.org.au

Bellarine Community Health www.bch.org.au

Keeping you Safe

BCH has a zero tolerance approach to abuse and violence and is committed to protecting vulnerable participants.

We will treat all allegations of abuse seriously and confidentially and act to minimise harm to our clients and participants.

If you want to make a report, you can ask for assistance from any staff member or program manager. Contact 1800 007 224 to be connected to the best person to assist you.

If Something Happens

If something unexpected happens or your service does not go according to your plan, we want to hear from you.

Speak to your therapist / clinician or the program manager.

You can talk to us face to face or on the telephone.

These situations are called “Incidents” and BCH has an Incident Management System where we report what has happened and look for ways to improve our services for you.



WE WANT TO HEAR FROM YOU



Compliment



Suggestion



Complaint

HOW TO GIVE US YOUR FEEDBACK



Call the Quality Team on
0437 273 142



'Have Your Say' form
at BCH
reception



Email:
qualityandcompliance
@bch.org.au



Scan QR code
to complete
form online



Ask to speak
to a Manager

bch Bellarine
Community
Health

www.bch.org.au

The NDIS Code of Conduct



If you witness any activity that breaches the NDIS Code of Conduct, either at your organisation or at another provider, you should report it to the NDIS Commission. Your report will help us take direct action to protect the safety of people with disability.

To report a possible breach of the NDIS Code of Conduct call 1800 035 544.

For more information about the NDIS Code of Conduct, visit the NDIS Quality and Safeguards Commission website at www.ndiscommission.gov.au.

The NDIS Code of Conduct applies to all NDIS providers and workers (including employees and contractors).

What does the Code require?

Anyone providing supports and services to people with disability must:



Respect the rights of the person

Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions



Deliver services competently

Provide supports and services in a safe and competent manner with care and skill



Prevent violence, neglect, abuse and exploitation

Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse of people with disability



Respect privacy

Respect the privacy of people with disability



Act with integrity

Provide supports and services with integrity, honesty and transparency



Take action on quality and safety

Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability



Prevent sexual misconduct

Take all reasonable steps to prevent and respond to sexual misconduct.

Where to go

"I'm not happy with an NDIS funded service"

The NDIS Commission

→ Call 1800 035 544

→ Visit www.ndiscommission.gov.au

"I'm not happy with an NDIA action or decision"

NDIA or Commonwealth Ombudsman

→ Call 1800 800 110

→ Visit www.ndis.gov.au
www.ombudsman.gov.au

"I'm not happy with a service provided by another agency or body"

Your state or territory complaints body


Find links on our website

→ Visit www.ndiscommission.gov.au

"I'm at immediate risk of harm, or have concerns about a person's wellbeing"

→ Call 000 immediately

Who can make a complaint

 Anyone can make a complaint.

This includes NDIS participants, other people with disability, friends, families, carers, advocates, workers etc.

If you need to make a complaint about your NDIS funded services:

→ Complaint contact form
www.ndiscommission.gov.au

→ Call us
1800 035 544 (freecall from landlines)

→ National Relay Service
www.relayservice.gov.au
then 1800 035 544

→ Translating and Interpreting Service
131 450



NDIS Quality and Safeguards Commission

Your rights. Your supports. Your control.

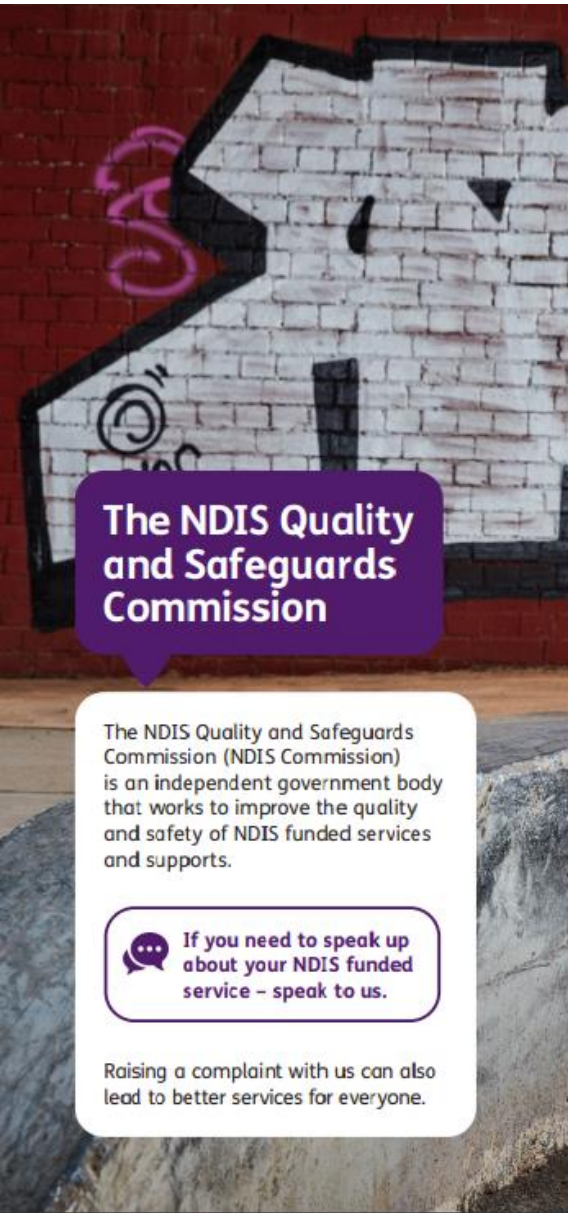


NDIS Quality and Safeguards Commission

If you need to speak up, speak to us.

How to make a complaint about your NDIS service

Your rights. Your supports. Your control.



The NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent government body that works to improve the quality and safety of NDIS funded services and supports.

If you need to speak up about your NDIS funded service – speak to us.

Raising a complaint with us can also lead to better services for everyone.

What complaints can you raise

Concerns about the quality and safety of supports and services.

We take complaints about whether an NDIS funded service has been provided in a safe way and to an appropriate standard.

You can also complain about how an NDIS provider has dealt with your complaint.

? If you are concerned about how you will be treated, you can make a confidential complaint.



We handle complaints about NDIS services nationally.



Making a complaint

We encourage you to try to talk directly to your NDIS service provider first to resolve a complaint. All registered providers must have an effective complaints management system. If you do not feel comfortable speaking to the provider or are not satisfied with the result of your complaint, please contact us.

Our complaint service is free, completely independent of the NDIS and confidential if needed. We promise to listen respectfully to your situation in full and discuss steps going forward.

In resolving an issue, we may:

- Request information to clarify the issues
- Help you communicate with an NDIS provider
- With your consent, speak to the NDIS provider
- Communicate responses from an NDIS provider to you.

You may withdraw your complaint at any time.

An issue may be referred to conciliation or investigation. Conciliation helps everyone to understand the issues and to reach an agreement on how an issue can be resolved.

An investigation may be conducted if serious compliance issues or risks to people with disability are raised in the complaint.

What complaints we don't take

- Complaints about the NDIA
 - NDIS plan access
 - NDIS participant plans
- Please direct these to the NDIA.**

If you're unsure who to contact, contact us and we can help direct you.

NDIS myplace participant portal: Step-by-step guide

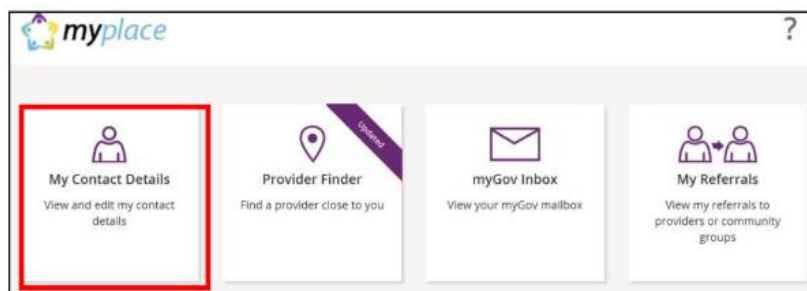


My Contact Details

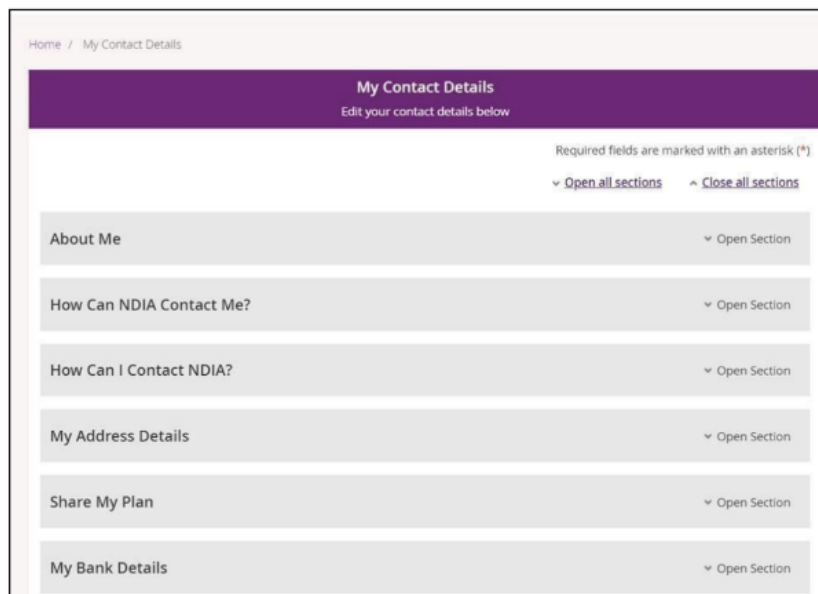
My Contact Details is where you can manage your personal information. You can update your contact details, address and bank details.

This is also where you can choose to share (or not to share) details of your plan with registered service providers you have a service booking with.

1. Select **My Contact Details** on the home page.



2. The **My Contact Details** screen will display.



Share My Plan

The **Share My Plan** function enables you to share parts of your plan with any service providers have an active service booking with.



1. Tick the box next to the provider name/s to share your plan or untick to not share.
2. Provide a reason for the change in the Why are you updating or changing who can see the plan text box.
3. Click the Submit button to finalise the changes.
4. Click the Close Section link in the top right-hand corner to close this section.



Consent to Share Information

You may be given a form asking for your consent to exchange information (liaise) with another person. This may be a health professional or your parent or guardian.

BCH will ask you for information about yourself. Sometime BCH needs more information about you so we can:

- Help you choose the best support plan for your needs and preferences.
- Prepare your plan and review your plan with you.
- Assist you in accessing supports outside BCH.

It may be necessary for BCH to contact another person or body (for example a medical group) to seek more information about you. However, BCH needs your permission to do so.

If you agree to the BCH sharing and receiving information about you from third parties, please fill in and sign the form when requested. BCH will share this form with third parties to show them you have agreed for BCH to talk to them about you and exchange information about you.

If you do not want this to happen, you do not have to give permission. Also, if after signing this form you decide you do not want BCH to have permission anymore, you can withdraw your consent by contacting your BCH contact person.

Your Records

BCH has strict access controls, consent processes and security measures to ensure all participant information is confidentially managed.

We protect and value the information you give us.

BCH will only collect personal and/or other health information as is necessary and this information will be used only for the purpose for which it was collected.

You can find out about the information held by BCH about you, why it is held and how to correct it if necessary. To ask about your information, talk to your therapist / clinician or the program manager.

The Freedom of Information officer can help you obtain copies or view your records.

Contact us on 1800 007 224 or email info@bch.org.au to be directed to the right person.

If you have any concerns about your privacy or information in your records you can speak to the Program Manager, Quality Manager or the NDIS Commission.

Consent to share your information.

Please use this form to give your permission (consent) for the National Disability Insurance Agency (NDIA) to share your National Disability Insurance Scheme (NDIS) information with a person or an organisation who you choose. For example you might want to share some or all of your NDIS information with a family member who helps you to make decisions or with a provider you use regularly.

You don't have to use this form to give your consent. You can let us know over the phone by calling **1800 800 110** or by contacting us in any of the ways listed under '**How do I return this form to the NDIA**'. You can also contact us if you want someone to do things for you with the NDIS or make decisions on your behalf.

You can give your consent to share information if you are an applicant, a participant, a child representative, plan nominee or legally appointed decision maker for an applicant or participant. When we say applicant, we mean someone who is applying to the NDIS.

We will only share your personal information if you have given us consent to or if we are required or authorised to disclose your information by law.

You can **take away** your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

How do I return this form to the NDIA?

There are a few ways you can return this form to us:

- **Email for applicants:** NAT@ndis.gov.au
- **Email for participants:** enquiries@ndis.gov.au
- **Mail:** NDIA, GPO Box 700, Canberra ACT 2601
- **In person:** Visit a **local area coordinator**, **early childhood partner** or **NDIS office** in your area.



Form

Part A: Applicant/participant details

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Contact phone number	
Contact email	

If you are the **applicant** or **participant**, go to [Part C](#).

If you are a **child representative**, **plan nominee** or **other legally appointed decision maker**, complete [Part B](#) then [Part C](#).

Part B: Child representative, plan nominee, legally appointed decision maker details

Please provide your details in this section if you are completing this form on behalf of the applicant or participant:

- under 18 years for whom you are a child representative, or
- for whom you are a plan nominee, or
- for whom you are a legally appointed decision maker (for example, a guardian).

Full name	
Date of birth (DD/MM/YYYY)	
Contact phone number	
Contact email	
Relationship to participant/applicant e.g. child representative, plan nominee, legally appointed decision maker	
Employee number or logon (if you are completing this form as part of your job)	



Form

Part C: Provide consent

Please complete the details of who you want to share your information with.

If there are more people or organisations you want to give consent to, you can include them as a list when sending this form back to us.

I consent to the NDIA giving information about me (or the participant/applicant I am representing who is identified in Part A of this form), to the following people and/or organisations.

Person/organisation 1

Please mark the correct box and complete the details below.

Person

Organisation

First name	
Surname	
Position Title (if applicable)	
Organisation name (if applicable)	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode)	
Relationship to participant/applicant	

We will share **all of your information** with the person or organisation you have chosen, unless you let us know what you **don't want us to share**.

Information you don't want us to share

If any, please choose the information you **don't want us to share**:

My personal information

My name, date of birth, NDIS participant number and NDIS participant status

My address, email and phone number

Details about my carers



Form

- Details about my informal supports
- Details about my service providers

My NDIS information

- Assessments and reports the NDIA holds about me
- My NDIS application form
- The outcome of my NDIS application
- If I am found eligible for the NDIS, confirmation of when my first plan is approved
- A copy of all parts of my current NDIS plan
- A copy of my current NDIS plan's goals and aspirations
- A copy of my current NDIS plan's funding and support
- Who my NDIS contact is and how to contact them
- A copy of all parts of any previous NDIS plans
- A copy of any previous NDIS plan goals and aspirations
- A copy of any previous NDIS plan funding and support

Any other information

- If so, please tell us what this information is below:

Why do you want us to share your information?

We need to know you understand how the information we share will be used by the other person or organisation.

Please tell us why you want to share your information below:



Form

How long are you providing consent for?

- Until further notice
- Until a set date (DD/MM/YYYY): _____
- One time only

Person/organisation 2

If there is another person or organisation you wish to give consent to share your NDIS information with, please provide their details here.

Please mark the correct box and complete the details below.

- Person
- Organisation

First name	
Surname	
Position Title (if applicable)	
Organisation name (if applicable)	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode).	
Relationship to participant/applicant	

We will share **all of your information** with the person or organisation you have chosen, unless you let us know what you **don't want us to share**.



Form

Information you don't want us to share

If any, please choose the information you don't want us to share:

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my carers
- Details about my informal supports
- Details about my service providers

My NDIS information

- Assessments and reports the NDIA holds about me
- My NDIS application form
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- A copy of my current NDIS plan's goals and aspirations
- A copy of my current NDIS plan's funding and support
- Who my NDIS contact is and how to contact them
- A copy of all parts of any previous NDIS plans
- A copy of any previous NDIS plan goals and aspirations
- A copy of any previous NDIS plan funding and support

Any other information

- If so, please tell us what this information is below:



Form

Why do you want us to share your information?

We need to know you understand how the information we share will be used by the other person or organisation.

Please tell us why you want to share your information below:

How long are you providing consent for?

- Until further notice
- Until a set date (DD/MM/YYYY): _____
- One time only

Part D: Your declaration

This part needs to be signed by whoever completed this form. This may be the participant/applicant, or child representative, plan nominee or legally appointed decision maker.

I confirm that:

- I understand I can get further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website. You can find this information on the NDIS website.
- I understand I have given the NDIA consent to give information about me to the third party or parties I have listed at [Part C](#) on this form so they can take the identified action/s on my behalf.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.
- I confirm the information provided in this form is complete and correct.
- I understand giving false or misleading information is a serious offence.
- I understand this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.



Form

You can find out more about how we collect, use and disclose your personal and sensitive information on our website (ndis.gov.au). Select **'About'**, then select **'Policies'**, then **'Freedom of Information'**, then **'Privacy'** from the menu on the right.

Signature	
Name	
Date (DD/MM/YYYY)	