



**VICTORIAN CONTINENCE RESOURCE CENTRE  
SERVICE AGREEMENT- Fee For Service**

Client Details	
Client Full Name:	
Address	Post Code
Date of Birth	
Mobile No	Email
Is the above address: <b>Aged Care Facility</b> <b>Other</b>	
<b>Facility Supervisor / Manager Name</b>	
<b>Facility Contact Number</b>	
Do you identify as a Torres Strait Islander / Aboriginal?      Yes / No	
Referral Details	
Full name of referring person:	
Referring Organisation Name:	
Mobile No	Home/Office Phone No
Email	
Relationship to Referred Client:	
Emergency Contact Details: Name:	Mobile:

Support Services	Service Hours Billed	Unit Price
Assessment – Continence Nurse / Physiotherapist	Min 1 – Up to 3 Hours	\$150.00 per hour
Reviews, Report, Assistance, Support and/or Training	Per .30 minutes	\$75.00 per .30 mins
External Catheter Assistance	Min 2 Hours + Travel Fee*	\$120.00 per hour
*Travel Fee	Per .15 minutes	\$30.00 per .15 mins

**The following Terms & Conditions are hereby acknowledged, understood and agreed upon:**

- VCRC will provide continence related services to me onsite at Continence Foundation of Australia, Victoria Branch, or other mutually agreed premises.
- VCRC 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).



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- VCRC will process my personal information so that it is 'de-identified' and no longer identifies me, and using that de-identified information for internal research purposes, statistical purposes or to improve the health services offered to me.
- VCRC will fulfil any legal obligations e.g. the Continence Foundation of Australia Victoria Branch may be required by law to disclose personal information to law enforcement agencies, courts or regulatory bodies to meet our public health obligations.
- It is my responsibility, or my authorised representative, to provide the Continence Foundation of Australia Victoria Branch, in writing, any revocation of this consent as soon as possible where applicable.
- **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 scheduled expected fee.
- If you are more than 15 minutes late to a scheduled appointment, it may be cancelled and the cancellation policy will apply.
- All prices quoted may change from time to time without notice.
- Should you have any compliments, complaints or feedback, please speak to a staff member, email us or complete our online form (Details as per below)

I would like to receive updates, continence related articles and newsletters from VCRC.

Client acting on own behalf		
Signature		Date:
Print Full Name		

Authorised representative acting on behalf of the Client		
Print Full Name & Organisation		
Signature		Date:

Continence Service Provider – Continence Foundation of Australia - Victorian Branch Inc. (VCRC)		
Clinical Practice details, location and trading name	<b>Victorian Continence Resource Centre (VCRC)</b> 16 Martin Street, Heidelberg VIC 3084 Phone: (03) 9816 8266 E: <a href="mailto:info@continencevictoria.org.au">info@continencevictoria.org.au</a> W: <a href="http://www.continencevictoria.org.au">www.continencevictoria.org.au</a>	
Signature		Date: