



VICTORIAN CONTINENCE RESOURCE CENTRE

SERVICE AGREEMENT- Fee For Service (FFS) & Third Party Payment (TPP) Clients

Client Full Name:	
Address	Post Code
Mobile No	Email
Date of Birth	
Do you identify as a Torres Strait Islander / Aboriginal? Yes / No	
Authorised Nominee Contact Details:	
Full Name:	
Organisation & Address:	
Mobile / Office No:	Email:
Relationship to Client:	

Support Services	Service Hours Billed	Price
Continence Assessment	Min 1 Hour	\$150 per hour
Continence Report	Min 1 Hour	\$150 per hour
Continence Training, Support & reviews	Min 30 mins	\$150 per hour (Min \$75.00)
Pelvic Health Physiotherapy Assessment	Min 1 hour	\$150 per hour (Min \$150.00)
Pelvic Health Physiotherapy Support & reviews	Min 30 mins	\$150 per hour (Min \$75.00)
Catheter Services - External visit	Min 1.5 + Travel Fee	\$124.05 P/H (Min \$217.10)
Catheter Services - Onsite at clinic	Min 1 Hour	\$124.05 P/H (Min \$124.05)
<i>*Travel Fee (external visits)</i>	Min 15 mins	\$124.05 (Min \$31.02)

Your rights & responsibilities:

- In signing this Service Agreement, I acknowledge that I have read and understood all relevant terms & conditions.
- If I use a Third Party 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. Alternatively, I will provide an email address and contact number for invoicing purposes.
- The signing authority acknowledges responsibility for ensuring payment of service invoice/s.
- VCRC will provide continence related services to me onsite at Continence Foundation of Australia, Victoria Branch, or via Telehealth, or other mutually agreed premises or platform.
- If requested, reports will be sent out to me after full payment of invoice is received.
- You have the right to request access to your information held on file, by VCRC, for the purposes of correction, clarification and addition of further details relevant to your appointment with us.
- It is my responsibility, or my authorised nominee, to provide the Continence Foundation of Australia, Victoria Branch, any revocation of this consent as soon as possible, where applicable, in writing.



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Our rights & responsibilities:

- 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).
- VCRC 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.
- 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.
- **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, in person or via Telehealth it may be cancelled and the cancellation policy will apply and fees charged, unless arranged with VCRC otherwise.
- **All prices quoted may change from time to time without notice..**
- We encourage all feedback, compliments or complaints. You may speak to a staff member, email us directly or complete our online form here: <https://continencevictoria.org.au/contact-us/>
- Full privacy policy can be viewed here: <https://continencevictoria.org.au/privacy-policy/>

Client 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 VCRC:

NDIS Registered Service Provider details:

Continence Foundation of Australia - Victorian Branch Inc. (VCRC)

Clinical Practice details, location and trading name

Victorian Continence Resource Centre (VCRC)

16 Martin Street, Heidelberg VIC 3084

Phone: (03) 9816 8266 ABN: 85598926929

E: info@continencevictoria.org.au W: www.continencevictoria.org.au

Name & Signature:

Date Agreement Received:

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