Central Coast Counselling and Therapy

NDIS Service Agreement

Provider Details

Practice Name: Central Coast Counselling and Therapy

ABN: 71442106686

Clinicians: Nick Bowditch and Jason Yule

Membership: Australian Counselling Association (ACA) Level 2

Locations: Terrigal NSW 2260 | Toukley NSW 2263 | Phone | Zoom

Email: **admin@centralcoastcounselling.com.au**

Participant Details

Full Name: _____

NDIS Number: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Plan Manager Name (if applicable): _____

Plan Manager Email (if applicable): _____

Plan Manager Phone (if applicable): _____

PART 1 — PURPOSE OF THIS AGREEMENT

This Service Agreement is made between Central Coast Counselling and Therapy (the Provider) and the Participant named above. It sets out the supports to be delivered, the agreed fees, and the rights and responsibilities of both parties.

This agreement is consistent with the requirements of the National Disability Insurance Scheme Act 2013 (Cth) and the NDIS Pricing Arrangements and Price Limits 2025–26 (v1.1, November 2024).

Central Coast Counselling and Therapy is an unregistered NDIS provider. Services under this agreement are available to self-managed and plan-managed participants only. Agency-managed participants are not eligible to use this service.

PART 2 — SUPPORTS TO BE DELIVERED

Support Category: Capacity Building — Improved Daily Living Support Category Number: 15 Support Item: Therapeutic Supports / Counselling

Description of Supports: Individual counselling sessions focused on building skills, strategies, and confidence to support the participant's psychosocial wellbeing, daily functioning, and personal goals. Areas may include but are not limited to:

- Addiction recovery and relapse prevention
- Trauma processing and PTSD management
- Anxiety and depression management
- Emotional regulation and coping strategies
- Relationship and communication skills
- General mental health and wellbeing

Delivery Locations:

- In-person: Terrigal NSW 2260
- In-person: Toukley NSW 2263
- Telehealth: Phone
- Telehealth: Zoom

All delivery formats are available at the same rate. The participant and provider will agree on the preferred format at the time of booking.

Session Frequency: Flexible — to be agreed between the participant and provider at the time of booking and reviewed regularly.

Session Duration: Standard sessions are 50–60 minutes.

PART 3 — FEES AND CHARGES

Item	Rate
Individual Counselling Session (all formats)	**$139.00 per session**
Short Notice Cancellation (less than 2 clear business days)	**$139.00 (100%)**
No Show	**$139.00 (100%)**

GST: NDIS therapeutic supports are GST-free under the A New Tax System (Goods and Services Tax) Act 1999. No GST is charged.

Invoicing: Invoices will be issued following each session and sent to the participant or their plan manager. Invoices will include the participant's name, NDIS number, date of service, support item description, and amount charged.

Payment Terms: Payment is due within 7 days of invoice. Plan managers are requested to process payment within 5 business days in accordance with NDIS requirements.

PART 4 — CANCELLATION POLICY

Central Coast Counselling and Therapy requires a minimum of 2 clear business days' notice to cancel or reschedule an appointment.

- Cancellations made with 2 or more clear business days' notice: No charge.
- Cancellations made with less than 2 clear business days' notice: The full session fee of $139.00 will be charged, provided no other billable work was available to fill the appointment slot.
- No shows (failure to attend without notice): The full session fee of $139.00 will be charged.

Exceptions may be made at the provider's discretion in cases of genuine emergency or acute illness.

PART 5 — RESPONSIBILITIES OF THE PROVIDER

Central Coast Counselling and Therapy agrees to:

1. Deliver supports in a safe, respectful, and professional manner consistent with the NDIS Code of Conduct
2. Treat the participant with dignity and respect at all times
3. Provide supports that are consistent with the participant's NDIS plan goals
4. Maintain appropriate professional qualifications and ACA membership
5. Maintain confidentiality in accordance with the Privacy Act 1988 (Cth) and applicable professional standards
6. Provide clear invoices in a timely manner

7. Give reasonable notice if a scheduled clinician is unavailable
8. Maintain appropriate professional indemnity and public liability insurance
9. Comply with all relevant NDIS legislation, pricing arrangements, and practice standards
10. Respond to participant concerns and complaints promptly and respectfully

PART 6 — RESPONSIBILITIES OF THE PARTICIPANT

The participant agrees to:

1. Engage respectfully with the provider and clinician
2. Attend scheduled appointments or provide at least 2 clear business days' notice to cancel
3. Provide accurate information relevant to the delivery of supports
4. Inform the provider of any changes to their NDIS plan, plan management arrangements, or funding that may affect this agreement
5. Ensure their NDIS plan includes funding under Support Category 15 (Capacity Building — Improved Daily Living) sufficient to cover the agreed supports
6. Notify the provider if they wish to end this agreement

PART 7 — PRIVACY AND CONFIDENTIALITY

Central Coast Counselling and Therapy collects and holds personal information for the purpose of delivering counselling services. Information will be:

- Stored securely and accessed only by relevant clinicians and administrative staff
- Not disclosed to third parties without the participant's consent, except where required by law or to prevent serious harm
- Handled in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles

The participant has the right to access their personal information held by the provider upon request.

PART 8 — CONSENT

By signing this agreement, the participant (or their representative) consents to:

- The delivery of supports as described in Part 2
- The collection and use of personal information as described in Part 7
- Invoices being sent to their nominated plan manager (if applicable)

PART 9 — DURATION AND REVIEW

This agreement commences on the date of signing and remains in effect until:

- The participant's current NDIS plan expires

- Either party provides written notice to end the agreement (minimum 2 weeks' notice requested)
- The participant's funding for Support Category 15 is exhausted

This agreement should be reviewed at each NDIS plan renewal or when the participant's goals or circumstances change significantly.

PART 10 — CHANGES TO THIS AGREEMENT

Any changes to this agreement must be agreed to by both parties in writing. Changes will not be made unilaterally by the provider without the participant's knowledge and consent.

PART 11 — ENDING THIS AGREEMENT

Either party may end this agreement by providing written notice. The provider requests a minimum of 2 weeks' notice where possible to allow for appropriate transition planning. The participant will not be charged for sessions not yet delivered.

PART 12 — DISPUTE RESOLUTION

If the participant has a concern or complaint about the supports delivered:

1. Step 1 — Raise it directly: Contact the provider by phone or email to discuss the concern. Most issues can be resolved at this stage.
2. Step 2 — Formal complaint: Submit a written complaint to the provider. The provider will respond in writing within 5 business days.
3. Step 3 — External escalation: If the matter is not resolved, the participant may contact:
    - NDIS Quality and Safeguards Commission: 1800 035 544 | www.ndiscommission.gov.au
    - Australian Counselling Association: 1300 784 333 | www.theaca.net.au
    - NSW Fair Trading: 13 32 20

PART 13 — PARTICIPANT RIGHTS

The participant has the right to:

- Choose their own provider and end this agreement at any time
- Receive supports free from abuse, neglect, exploitation, and discrimination
- Have their privacy and dignity respected
- Make decisions about their own supports
- Raise concerns or complaints without fear of negative consequences
- Seek support from an advocate or representative at any time

For independent advocacy support contact: NDIS Quality and Safeguards Commission or Disability Advocacy NSW — 1800 424 065.

SIGNATURES

By signing below, both parties agree to the terms of this Service Agreement.

PROVIDER

Name: _____

Signature: _____

Date: _____

PARTICIPANT (or Representative)

Name: _____

Relationship to participant (if signing on behalf): _____

Signature: _____

Date: _____