



National Redress Scheme in Queensland

Redress Counselling and Psychological Care Service Provision

Service provider agreement

I confirm that I will meet the following requirements for delivering Redress Counselling and Psychological Care;

Prior to delivering the service, I will:

- Verify, with permission, that the person receiving the counselling has an eligible Unique Redress ID and the number of counselling hours that are available.*
- Disclose to the person any current or former association I or my organisation has with institutions participating in the National Redress Scheme or named in the Royal Commission into Institutional Responses to Child Sexual Abuse.*
- Not require the person to complete an application form disclosing their experience of institutional child sexual abuse to access my service.*

In delivery the service, I will:

- Consult with the person to determine their preferences and priorities in developing a counselling plan.*
- Consider the specific needs of the person such as needs related to their cultural background, disability, gender, sexuality and language.*
- Provide the person with reminders about appointments and have in place a fair, reasonable and trauma-informed policy for the billing of unattended appointments that some people may have additional challenges when engaging with counselling and psychological care services.*

In billing for this service, I will:

- Charge the standard rate for this type of service within the limit for reimbursement.*
- Identify on each invoice how many hours or minutes were provided and at what rate.*
- Charge for Redress Counselling independently from health insurance and Medicare.*
- Not charge the person a gap fee.*

If required, I will:

- Support people with complex and additional needs with referrals to appropriate providers with specialist expertise.*
- Support people to access additional therapeutic services, where needed, upon completion of their redress counselling.*

If billing for unattended appointments, then I will provide:

- A copy of our policy on unattended appointments, and*
- Evidence that the appointment was booked and that the person was reminded.*

Verified by the counselling/psychological care provider

Name _____

Signature _____

Date: _____