**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*