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| Form B |
| **National Redress Counselling and Psychological Service Victoria**Proposed client service plan |
| OFFICIAL |

# Proposed client service plan

This document must be completed and signed by a listed CPC provider and approved by the Department of Families, Fairness and Housing (the department) prior to the proposed service commencement date to the CPC client.

## Process for proposed client service plan

1. The provider must complete, sign, and send the proposed client service plan to the department for approval at least three business days prior to the CPC service commencement date.
2. The department will notify the provider whether the proposed client service plan has been approved.

## Collection notice for personal information

The department is committed to protecting the privacy of both client and provider. The department collects and handles information in this application for the purpose of a proposed client service plan.

If required or authorised by or under law, the department may disclose the personal information of both client and provider in accordance with the information privacy principles.

For more information, please refer to the service’s [privacy collection notice](https://www.vic.gov.au/national-redress-counselling-psychological-care) <https://www.vic.gov.au/national-redress-counselling-psychological-care> or view the department’s [privacy policy](https://www.dffh.vic.gov.au/publications/privacy-policy) at <https://www.dffh.vic.gov.au/publications/privacy-policy>.

## Client details

| RV number | Family name | Date of birth | Post code |
| --- | --- | --- | --- |
|  |  |  |  |

## Provider details

| Applicant | Details |
| --- | --- |
| Name |  |
| Business or organisation name |  |
| Address |  |
| Email address |  |
| Phone |  |

## Confirmation

I have disclosed to the client and the department 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. [ ]

I will not require the client to complete an application form disclosing their experience of institutional child sexual abuse to access the service. [ ]

I have client consent to discuss the proposed client service plan with department staff. [ ]

## Services

In providing service to the client, I will:

* consult with the client to determine their preferences and priorities in developing a counselling plan [ ]
* consider the specific needs of the client such as needs related to their cultural background, disability, gender preference, sexuality and language [ ]
* provide the client with reminders about appointments and have in place a fair, reasonable and trauma-informed policy for the billing of unattended appointments, noting that some people may have additional challenges when engaging with services. [ ]

## Service plan

| Service | Details |
| --- | --- |
| Type of service being provided |  |
| Number of services to be provided |  |
| Fee rate per session |  |
| Start date |  |
| End date |  |
| Review date |  |

## Schedule

Weekly [ ]

Fortnightly [ ]

Monthly [ ]

Other, provide detail: [ ]

## Additional requirements and agreements

I will support the client with complex and additional needs with referrals to appropriate providers with specialist expertise. [ ]

I will support the client to access additional therapeutic services, where needed, upon completion of their service plan. [ ]

I will notify the department if the client withdraws from service or misses sufficient sessions to suggest they no longer want the service. [ ]

## Service billing

I will:

* charge the rate for the service set out in the ‘Service plan’ section of this document [ ]
* provide a tax invoice that meets the department’s requirements with details of sessions and rate per session [ ]
* charge for CPC services independently from health insurance and Medicare (i.e. providers cannot charge the gap fee) [ ]
* not charge the client a gap fee (i.e., if your regular service fee is greater than the maximum the service will pay). [ ]

If billing for unattended appointments or late cancellations, I will provide the department with:

* a copy of my or my organisation’s policy on unattended appointments and late client cancellations [ ]
* evidence that the appointment was booked, and the client was reminded of the appointment, or the client cancelled late. [ ]

## Signed by provider

Signed: (insert signature)

Name: (printed)

Date:

Business (practice) name: (printed)

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For department use only

## Approved

Name:

Title:

Signature:

Date: