

Occupational Therapy Aged Care Referral



Client Information

Client Full Name:

Date of Birth:

Address:

Package Level (e.g., HCP Level 1–4):

Best Contact Person (if different from client):

Name:

Phone / Email:

Relationship to Client:

Reason for Referral:

Service Delivery & Inclusions

Services will be delivered by Health Works NSW Occupational Therapists or Allied Health Professionals. Sessions may be held:

- In the Participant's home
- At Health Works' offices or rooms
- Via phone, telehealth or Zoom

Services may include but are not limited to:

- Comprehensive OT assessments
- Equipment trial(s), setup, prescription, and training
- Functional and home safety assessments
- Follow-up visits for reviews and outcome monitoring
- Coordination with suppliers, providers, and carers
- Research to find suitable equipment or home solutions



- Administrative support (e.g., report writing, quote submissions, stakeholder liaison)
- Responding to requests for further documentation
- Program and resource development
- Compliance reporting and communication with funding bodies
- Time spent actioning and responding to communications (phone calls, emails, SMS)
- File establishment and service coordination

Note: Health Works NSW will submit reports and quotes to the relevant funding party. It remains the Participant's responsibility to follow up with their provider regarding the progress of equipment or service approvals. Once notified of approval, Health Works will assist with sign-off and ensure suitability of supplied items.

Schedule of Fees – Home Care Packages

Service Category	Service Type	Costs ex GST
Allied Health (OT)		\$205.70/hour
Travel Time		\$205.70/hour
Travel Km		\$1/km

Travel Disclosure

Travel time is calculated based on the most direct route from the provider's base to the service location. Both distance and time are recorded and itemised in the invoice to ensure transparency and compliance with aged care funding guidelines.

RESPONSIBILITIES OF THE PROVIDER (Health Works NSW Pty. Ltd.)

The Provider agrees to:

- Provide supports as agreed, at times preferred by the Participant.
- Review the provision of supports with the Participant at least every three (3) months – if required.
- Communicate openly and honestly in a timely manner.
- Treat the Participant with courtesy and respect.
- Consult the Participant about how services are delivered.
- Provide information about managing complaints and explain the cancellation policy.
- Consider feedback from the Participant and work to resolve any concerns.



- Provide a minimum of 24 hours' notice for changes to scheduled appointments.
- Provide at least 1 months' notice if ending this Service Agreement.
- Maintain confidentiality and protect Participant privacy.
- Provide services in line with relevant legislation and professional standards.
- Maintain accurate records of services delivered.
- Issue regular, itemised invoices/statements for services provided.

RESPONSIBILITIES OF THE PARTICIPANT

The Participant agrees to:

- Inform the Provider of preferences for service delivery.
 - Treat the Provider with courtesy and respect.
 - Communicate concerns or feedback about supports directly to the Provider.
 - Provide at least 24 hours' notice if cancelling or rescheduling an appointment.
- > If notice is not provided, the Provider may charge for 1 hour of service and any applicable travel time.
- Provide 1 months' notice if ending the Service Agreement.
 - Inform the Provider immediately of any changes to care funding, provider status, or personal circumstances that may affect service delivery.

CHANGES TO THIS SERVICE AGREEMENT

If changes are required to services or delivery, both parties agree to:

- Discuss and review this Service Agreement.
- Record all changes in writing, signed and dated by both parties.

ENDING THIS SERVICE AGREEMENT

- This agreement may be ended by either party with **2 weeks' written notice**.
- If either party seriously breaches the terms of this agreement, the notice period may be waived.

FEEDBACK, COMPLAINTS, AND DISPUTES

If the Participant wishes to provide feedback or raise a complaint, they may contact:

Health Works NSW Pty. Ltd.

- General Inquiries: (02) 5317 8282
- Email: support@healthworksnsw.com
- Director: Nicole Green – 0458 236 129

If the Participant is not satisfied with the outcome or wishes to escalate the matter, they may contact the **Aged Care Quality and Safety Commission** on 1800 951 822 or visit www.agedcarequality.gov.au.

GOODS AND SERVICES TAX (GST)

All fees are inclusive of GST where applicable.

The Provider confirms that service fees reflect fair and reasonable costs related to the provision of professional support

services and related administrative functions.

Acknowledgement and Signatures

Client / Authorised Representative

Signature:

Name:

Date:

Health Works NSW Representative

Signature:

Name:

Date:

PROVIDER CONTACT

Provider Name	Phone	Email	ABN	Address
Health Works NSW Pty Ltd	02 5317 8282	support@healthworknsw.com	34153851152	Orange Arcade Suite 5, 150 Summer Street, Orange 2800

