

Thank you for choosing Prostek as the provider of your assistive technology (AT).

This service agreement outlines the following information:

- The AT Prostek can provide;
- The costs associated with providing AT;
- Your responsibilities under this agreement;
- Prostek's responsibilities under this agreement;
- How to change, review or end this agreement;
- How we look after your privacy and personal information, and
- How to make a complaint.

## Terms

You/your/yours – refers to you, the participant (or delegated carer/advocate)

We/us/our/ours – refers to Prostek and/or employees

## Assistive Technology at Prostek

Prostek provides clinical orthotic and prosthetic services to NDIS participants who require orthoses (braces, splints) or prostheses (artificial limbs) to achieve their plan goals. The NDIS calls these supports Assistive Technology (AT).

Prostek clinicians consult from our modern, purpose built facility in Mile End South, along with our administration and manufacturing laboratory.

## Cost of Assistive Technology

The cost of your AT is itemised in the attached AT assessment form and separate quotation. The price stated is inclusive of all clinical, technical and administrative time, materials required to manufacture your AT, and a reasonable number of follow-up appointments to monitor your progress and/or the wear and tear of the AT.

## Payment for Assistive Technology

Payment is made in a number of ways depending on the way your plan funds are managed.

If your funding is agency-managed, Prostek will create a service booking for your AT on the NDIS portal, and will create payment requests at certain points during the manufacture of your AT, in order to cover the cost of purchasing the components that make up your AT, at a time that is relevant.

If your funding is plan-managed, Prostek will issue an invoice to the plan manager who pays on your behalf.

If your funding is self-managed, Prostek will issue an invoice directly to you as the participant.

## Responsibilities

Accessing AT requires a commitment from both parties (you and Prostek) to work together for a positive outcome to meet your plan goals. In order for this to occur, both parties have responsibilities that make the process run smoothly.

### Your responsibilities under this agreement

You agree to:

- Communicate with your clinician about the AT that you would like to receive;
- treat Prostek staff with respect in person, on the telephone and via email;
- provide up-to-date contact information to Prostek;

## PROSTEK NDIS Participant Service Agreement

- attend all appointments at the agreed times;
- give 24hours' notice to Prostek if you need to change or cancel an appointment;
- maintain your AT in good working order; this includes keeping it clean and not altering or damaging it in any way;
- provide payment for AT provided under this agreement. If you cancel the service agreement before the end of the service booking, you agree to pay for services provided up to the point of cancellation taking effect.
- Communicate any issues or concerns you have with your clinician

### Prostek's responsibilities under this agreement

Prostek agrees to:

- Obey all rules and laws that apply to being a registered NDIS provider. This includes the NDIS Act (2013) and NDIS Rules;
- treat you and/or your advocate/s with kindness and respect;
- recognise your right to have an advocate present for all assessments, meetings and include them in all communication between the participant, family and Prostek. If you require an advocate, Prostek can provide you with appropriate contact details;
- explain things clearly
- provide your AT in a timely manner, following funding approval;
- provide you with a copy of your AT assessment, quotation and service agreement;
- share only the information necessary to provide you with your AT
- store your information carefully and make sure it is kept private

### Changing, reviewing or ending a service agreement

This service agreement can be changed with the consent of both you, the participant, and Prostek. This may require consultation and/or permission from your plan manager and/or your NDIS representative.

This service agreement can also be cancelled by either party for any reason by giving 30 days' notice. Prostek will provide you a reason in writing if we wish to cancel the service agreement.

If Prostek cancels this service agreement we will provide you with the contact details for other orthotic and/or prosthetic AT providers for future service.

Any outstanding funds owed to Prostek up to the point of cancellation taking effect must be paid.

### Changing service provider

You have the freedom to change service providers, and/or seek advice or guidance from other service providers.

### Privacy and Personal Information

Participant clinical records are stored for a period of seven (7) years after last contact with Prostek.

Sometimes it is necessary to share your personal details (name, some measurements, some details of your requirements) with suppliers so that we can order the best components for your AT. We will tell you when this happens. Your contact details will never be shared without your consent.

Sometimes it helps us to provide the most appropriate AT if we can take photographs or videos of you wearing/not wearing your AT.

Sometimes we need to talk to other health professionals, your authorised advocate, or NDIS delegates in order to provide you with appropriate AT.

## PROSTEK NDIS Participant Service Agreement

If there is a particular person or agency that you do not wish us to talk to, please detail this in the consent table.

If required or authorised by law Prostek may have a duty of care to share your information with authorities.

Further information regarding our privacy and information management policies can be accessed via our participant handbook at [www.prostek.com.au](http://www.prostek.com.au).

### Consents to exchange information

I consent for Prostek staff members (clinicians or administrative staff) to exchange information with the following people or agencies. Information could be exchanged in person, via telephone, email or post.

If you wish to withdraw any consent please notify Prostek. This table will be updated accordingly.

TICK	PERSON OR AGENCY (ADD CONTACT DETAILS)
	Family members:
	NDIS delegate
	Plan manager:
	Support worker:
	Local doctor:
	Physiotherapist:
	Occupational therapist:
	Specialist:
	Suppliers of AT components
	Other (specify)

## PROSTEK NDIS Participant Service Agreement

TICK	I DO NOT WANT TO EXCHANGE INFORMATION WITH THIS PERSON/AGENCY

### Feedback, Complaints and Incident Management

If you are not happy with the service Prostek provides, you are entitled to complain. We understand that feeling the need to make a complaint can be very emotional, but we would remind you that behaviour of an abusive, aggressive or threatening nature will not be tolerated and may result in the immediate cessation of this service agreement.

In the first instance please address your concerns to your clinician.

If you are unhappy with their response, please direct your concerns to the manager. Feedback and complaint forms are available at the front desk and are investigated by the manager.

You can make a complaint in person or in writing. You can make an anonymous complaint; however, this makes it difficult for us to change how we do things to make you feel better about your treatment at Prostek.

The manager will organise a time to discuss your concerns either in person or via telephone. A written record of the meeting will be kept and signed by both parties, including how the complaint will be resolved.

If something bad happens in the course of your AT provision at Prostek, this is called an "incident". Some incidents are notifiable; this means that we are required to tell the NDIS Quality and Safeguards Commission, and they will investigate in addition to our internal investigation. This process helps everyone provide and receive safe services.

### Agreement Signatures

I ..... (PRINT participant/authorised delegate name), NDIS number ..... agree to the conditions outlined in this service agreement.

(SIGNATURE) ..... (DATE) .....

I do/do not (CIRCLE) wish to engage an advocate to act on my behalf with Prostek

Advocate Name: ..... Relationship to participant: .....

Advocate Signature: ..... Advocate contact number: .....

Advocate email address: .....

Prostek name (PRINT) ..... (SIGNATURE) .....  
(DATE) .....

More information about any policy or procedure mentioned in this service agreement is contained in the Prostek participant handbook available via [www.prostek.com.au/NDIS](http://www.prostek.com.au/NDIS).