



# MISSION YOU PTY LTD

[www.sadhnamakhija.com.au](http://www.sadhnamakhija.com.au)

M: 0430 155 192

E: [admin@missionyou.health](mailto:admin@missionyou.health)

Address: Sadhna Makhija Counselling Therapy Studio,  
Shop 3/164 Great Western Hwy, Westmead NSW 2145.

## 1. Service Agreement

This NDIS Individual Service Agreement is made for the purposes of providing support services in line with your NDIS funding as agreed to between the parties.

This NDIS Individual Service Agreement is made with the aim of:

Supporting your independence, social and economic participation; and  
To enable you to exercise choice and control in the pursuit of your goals and the planning and delivery of your supports and services.

Mission you Pty Ltd agrees to provide you with support services in line with your NDIS plan and as set out in the attached Schedule of Supports.

Please understand that if you do not disclose all necessary information this could possibly compromise service delivery and lead to ceasing of support and services with Mission You Pty Ltd.

## 2. Our Responsibilities

When we sign this Service Agreement, it means we agree to:

- Work with you to deliver services that suit your needs and preferences.
- Ensure you have access to details of services delivered and the amount charged for those services.
- Review the service with you on an agreed basis (at least every 6 months)
- Treat you with courtesy and respect.
- Involve you in all decisions about how you would like to be supported.
- Comply with all relevant laws, including the NDIS Act and rules, and guidelines relevant to funding.
- Protect your privacy and personal information.
- Keep accurate records on the supports and services provided to you.
- Listen to your feedback and resolve problems quickly.
- Let you know if we believe another organization/provider may be better suited to provide you with the services you need.
- Let you know if there is a potential or actual conflict of interest so that you can make an informed decision in relation to your supports.
- Explain our Cancellation Policy and give you information about how we manage.



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complaints about our service and handle incidents.

## 3. Your Responsibilities

When you sign this Service Agreement, it means you agree to:

- Work with Mission You Pty Ltd to ensure our services and supports are meeting your needs.
- Treat our staff with courtesy and respect.
- Pay for services provided according to the Fee Schedule.
- Talk to Mission You Pty Ltd if you have any concerns about the service being provided.
- Give Mission You Pty Ltd the required notice if you need to end the NDIS Service Agreement.
- Tell us if your NDIS plan changes, is suspended or you stop using the NDIS.
- Provide us notice if you wish to cancel a service or support.
- Provide a safe environment for home visits.

## 4. Changing the Agreement

We understand things can change. It is important to keep us informed. We can discuss and review the changes together. A new Agreement can be developed to replace this agreement.

**Ending the Service Agreement** - you can end this agreement, at any time but you must provide us with two weeks' notice in writing. An important note, if either you or Mission You Pty Ltd breaches any part of this agreement, the requirement of notice will be waived.

## 5. Fees

Mission You Pty Ltd agrees to provide you with the supports and services outlined in the Schedule of Service on the final page of this Agreement. The National Disability Insurance Agency (NDIA) adjusts prices annually. By signing this agreement, you are acknowledging that you are aware that Mission You Pty Ltd will adjust the unit of price inline with the current NDIA pricing arrangements.



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## 6. Payments

Mission You Pty Ltd agrees to provide you with the supports and services outlined in the Schedule of Service on the final page of this Agreement and will seek payment for support services after we have provided them.

The way we claim payment for those services will depend on how you manage your funding. The arrangements for each funding type are outlined below. You will need to indicate how you have chosen to manage your funding.

**NDIA Managed** - If you have nominated the NDIA to manage the funding for supports provided under this Service Agreement, Mission You Pty Ltd will claim payment for those services from the NDIA.

**Self-Managed** - If you have chosen to self-manage the funding for some or all of your NDIS supports provided under this Service Agreement, Mission You Pty Ltd will provide you with an invoice for services we have provided you. By signing this service agreement, you agree to pay Mission You Pty Ltd invoices by [cheque/cash/EFT] within 14 days of receiving the invoice.

**Plan Managed** - You will need to provide the details of your Plan Management Provider who manages the funding for NDIS supports provided under this Service Agreement. After providing the agreed support services, Mission You Pty Ltd will send your Plan Management Provider an invoice for payment. Your Plan Manager will be required to pay the invoice by [cash / cheque / EFT] within 14 days of receiving the invoice.

### Price Guide and Changes

Mission You Pty Ltd will adjust the unit of price in line with the current version of the NDIA Pricing Arrangements and will let you know before.

We want you to have a good understanding of all aspects of Mission You Pty Ltd fees. The NDIA sets price limits for support supports to ensure they provide value for money for participants. Changes to the set prices are updated to respond to market trends and changes in costs and are generally identified through an Annual Price Review.



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The Annual Price Review is undertaken by the NDIA in the lead up to a new financial year, with any new prices outlined in an updated Price Arrangements, effective 1 Jul each year



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## 7. Feedback, Complaints & Incidents

Mission You Pty Ltd welcomes your feedback and complaints to improve the quality of our services. You can send us an email or speak With Sadhna Makhija.

Email: [admin@missionyou.health](mailto:admin@missionyou.health)

Phone: 0430155192

We know it can be hard to raise your concerns or make a complaint so you can submit your feedback or complaint anonymously. We will treat this complaint within our complaint handling process. It will not be possible to provide you with a resolution status if the complaint is made anonymously.

We hope you feel you can raise any concerns you have with our Service Coordinator or Managing Director.

If you would prefer to speak with someone outside of Mission You Pty Ltd, or if you don't feel Mission You Pty Ltd has handled your complaint adequately you can contact the **NDIS Quality & Safeguards Commission on:**

**1800 035 544;** or

via their website [www.NDIScommission.gov.au](http://www.NDIScommission.gov.au)

There are also free Advocacy Services available. We can help connect you to a local Advocacy service or you can find one on the Disability Advocacy Network Australia [www.dana.org.au](http://www.dana.org.au)

It can be hard to speak up, please let us know if we can help.

## 8. Privacy

Mission You Pty Ltd wants to provide you with the best possible service. To do this, we need to collect some of your personal information. This could be in a variety of formats including audio and visual. We may need to share this information with other parties, including other service providers.



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We will check with you to ensure you know what information we have and whom we may need to share this information with to provide support.

We will treat your personal information with respect and have safeguards in place to protect your privacy. You can be provided access to and can change personal information stored by Mission You Pty Ltd.

We need to obtain your permission, or consent, to obtain and release personal information. There is a Consent Form attached to the Service Agreement.

We have a comprehensive Privacy Policy, the principles of our commitment to you are:

- We will obtain your consent to collect, store and share personal information required to provide you services.
- Spend some time reviewing the parties we have identified. Let us know who Mission You Pty Ltd can share your information with.
- You will have access to your personal information and can make changes.
- We have robust information management systems in place to safeguard your privacy.
- Also, importantly tell us who you don't want to see your information. We can talk about your concerns.

Consent is not forever, so we will continue to check in with you to ensure you are still happy to share information. You can always change your mind.

If you believe your privacy has been breached, we will handle this breach within our complaint and incident handling process.

## 9. Conflict of Interest

Mission You Pty Ltd is a direct support provider for therapeutic supports. This has the potential to cause a conflict of interest. The potential is that a provider wants to provide you with supports under many categories. They may do this because they can receive more money from your plan.

We want to ensure you know you have full choice and control over preferred providers. You can choose to use different providers for any of your services.



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If you select Mission, You Pty Ltd as your support provider you can choose to use another service provider for your other support services, at any time.



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Mission You Pty Ltd has committed to providing you with a choice of providers that best suit your needs and preferences. You can stop another service and continue to receive the support services you choose. If you have concerns, please contact us, and let us know, or you can raise your concerns and complaint with the NDIS Quality and Safeguard Commission [See 8. Feedback, Complaints & Incidents]. We can help you connect to the Commission directly or we can support you to connect with and advocate.

## 10. Compliance Requirements

**Mandatory Reporting** - It is mandatory for Mission You Pty Ltd to report instances, allegations or suspicion of abuse, neglect or exploitation. We will provide the information requested by relevant agencies to cooperate with any investigation as required.

**NDIS Quality & Safeguards Audit Review** - As a NDIS Registered Provider, Mission You Pty Ltd has external audits conducted by Approved Quality Auditors. As part of the audit process, Auditors will review client records. All participants are assumed to have been opted into the NDIS Auditing process.

Please mark the box on the Consent Form attached if you want to OPT OUT of having your records reviewed and / or choose not to participate in the audit.

## 11. Cancellation Policy

If it is not possible to sign the agreement, both parties agree to accept the Service Booking within a further 48 hours or advise the other of their intention not to accept the booking. This may result in the Service Agreement being cancelled.

Mission You Pty Ltd asks for written notice of at least two weeks if the participant wishes to end the service agreement and terminate services.

This period of written notification is waived if Mission You Pty Ltd has breached any aspect of their responsibilities and/or the participant is not satisfied with any aspect of the service provided.





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Mission You Pty Ltd will provide 30 days' notice to participants if the services are planned to be removed, discontinued, or denied.



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Mission You Pty Ltd will only remove, discontinue, or deny services to a participant if:

- the participant has breached their responsibility resulting in an unsafe work practice for Mission You Pty Ltd employees, including exposing the employee to the use of illegal substances,
- the support requirements of the participant are outside of the scope of competency or capacity of Mission You Pty Ltd, or
- if the participant is unable to fund the payment of services provided.

Mission You Pty Ltd is committed to exiting the Participant in a planned manner to support an effective transition out of the service, and into a new service.

Consent to share information to support this transition will always be obtained.

## 12. Emergency Management & Disaster Planning

It is mandatory for Mission You Pty Ltd to ensure your safety and wellbeing in times of crisis, disaster, and emergencies. As such, alternate emergency arrangements are to be put in place for continuity of supports. The below arrangements and strategies have been reviewed and discussed with you and your support network to ensure your safety.



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## Attachment 1 - Participant details

Note: If you are not the participant and you are the participant's chosen Nominated Representative, child representative, plan nominee or legally appointed decision-maker, please complete this section about the participant you are representing.

Participant Details	
Participant Name:	
NDIA Number:	
Plan Start Date:	
Plan End Date:	
How is your plan managed?	<input type="checkbox"/> Self-Managed <input type="checkbox"/> Plan Managed <input type="checkbox"/> NDIA Managed
Date of Birth:	
Gender:	
Address:	
State:	
Phone Number:	
Email Address:	
Alternative / Emergency Contact Name	
Relationship to participant	
Alternative / Emergency Contact Number	



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Nominated Representative Details	
Please mark the relevant box with an X below to indicate your relationship to the participant:	
<input type="checkbox"/> Parent and / or Child Representative	
<input type="checkbox"/> Plan Nominee	
<input type="checkbox"/> Legally Appointed Decision Maker	
Relationship to participant verified	<input type="checkbox"/> NDIA Portal <input type="checkbox"/> NDIA Plan <input type="checkbox"/> Other documentation
Representative Name	
Preferred Contact Number	
Email	
Address	
How do you represent the participant? (If you are not a Child Representative)	<input type="checkbox"/> All matters relating to this Service Agreement <input type="checkbox"/> All matters relating to the Support Plan <input type="checkbox"/> All matters relating to support services on an ongoing basis
Are you the participant's Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Intermediary Contact Details (if applicable)	
Intermediary type	
<input type="checkbox"/> Plan Manager	
<input type="checkbox"/> Support Coordinator	
<input type="checkbox"/> Other	
Relationship to participant verified	<input type="checkbox"/> NDIA Portal <input type="checkbox"/> NDIA Plan <input type="checkbox"/> Verbal
Provider Business Name	
Preferred Contact Person	
Phone	
Email	
What information can we obtain or share to support your entry to our service?	<input type="checkbox"/> All matters relating to this Service Agreement <input type="checkbox"/> All matters relating to the development of my Support Plan <input type="checkbox"/> All matters relating to support services on an ongoing basis
Do you want us to check with you before we share information with this business/person?	<input type="checkbox"/> Yes <input type="checkbox"/> No need



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Is there anything we should know about working with this Intermediary effectively?

--



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## Attachment 2 – Consent Form

Other organizations, or people in your network Mission You Pty Ltd may be in contact with to establish this Service Agreement and the Support Plan (people other than your Intermediaries provided earlier)

FORMAL & INFORMAL SUPPORTS			
Service Provider or Person's Name	Service Type / Relationship	Consent to share information?	Comments Actions
Mission You Pty Ltd	Hypnotherapy and Counselling	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Would you like to provide more detail about the kinds of information we can share?

**No need, or please indicate selected choices with an X**

- My name, date of birth, NDIS participant number and status
- My address, email, and phone number
- Details about my nominated support person
- Details about my service providers
- Assessment and reports held about me
- A copy of all parts of my current NDIS Plan
- A copy of my previous NDIS Plan(s)
- A copy of my previous NDIS Plan(s) Goals and Aspirations



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- Recorded material and media (inclusive of audio, video and photos)





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Please indicate the length of time you are providing the consent for:

- Ongoing
- For the duration of my current NDIS Plan
- For a set time ending on (insert date here)

Lastly, as a Registered NDIS Provider, we are required to undergo external reviews by the NDIS Commission. We see this as an important opportunity for you to provide feedback about the quality of the services you receive. You are automatically enrolled in the external audit process, which includes record reviews and an invitation to chat with the Auditor. If you OPT OUT, we will not invite you to participate. You can also OPT out of having your records reviewed.

I choose to OPT OUT of the NDIS Quality & Safeguard external audit process.

- I do not want my records reviewed
- I do not want to speak with the Auditor



### Attachment 3 – Emergency Management Plan & Continuity of Supports

Higher risk or emergency scenarios that need to be considered	Likelihood	Consequence / Impact	Initial Risk Assessment	Inclusion in Emergency Management Plan Required	Low Risk or Not Applicable to Support Services
Impact on Participant Health & Safety if Mission You Pty Ltd Services are disrupted	Likelihood <b>Rare</b>	Consequence Insignificant	Risk Rating Low	<input type="checkbox"/>	<input type="checkbox"/>
Natural Disasters	Likelihood Choose an item.	Consequence Choose an item.	Risk Rating Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 infection	Likelihood Choose an item.	Consequence Choose an item.	Risk Rating Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
Medical or health related emergencies	Likelihood Choose an item.	Consequence Choose an item.	Risk Rating Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness or another personal crisis	Likelihood Choose an item.	Consequence Choose an item.	Risk Rating Choose an item.	<input type="checkbox"/>	<input type="checkbox"/>



## Individual Emergency Management Plan

	<b>Preferred Method of Communication in Emergency</b>	<b>First Emergency Contact</b>	<b>Second Emergency Contact</b>	<b>Health, mobility or sensory communication considerations</b>	<b>Risk Treatment Plan Provider Response, Responsibility, and Oversight in the event of a Disaster/ Medical Emergency</b>
<b>Points of Escalation in Emergency</b>					



## Continuity of Support Arrangements

If Mission You Pty Ltd is unable to continue the provision of services per this Agreement, Mission You Pty Ltd has a continuity of supports arrangement with a number of Providers, listed below. This is to ensure that you continue to receive the necessary supports as laidout in this agreement in the event Mission You Pty Ltd services are disrupted.

If you wish for an alternate service provider to undertake these supports, please list their details below:

Service Provider Name	Supports Provided	Contact Details





## Attachment 4 – Schedule of Supports

Support Services (Description)	Line-Item Code	Registration Group	Support Price/hr	Duration of Support (Hrs)	Cost per Plan Period
<b>Total Costs (Plan Period)</b>					



## Attachment 5 – Signatures

This Service Agreement is made for the purpose of providing supports to you under your NDIS plan. You and Mission You Pty Ltd both agree that this Agreement is consistent with the aims and policies of the NDIS, especially the aim to give Participants more choice about what support they need to achieve their goals and take part in the community.

Mission You Pty Ltd agrees to provide you with services in line with your NDIS plan, as set out in the attached Schedule of Supports. All prices are GST inclusive (if applicable).

A supply of supports under this Service Agreement is a supply of one or more reasonable and necessary supports specified in the statement of supports included, under subsection 33(2) of the National Disability Insurance Scheme Act 2013 (NDIS Act).

On signing this Agreement, both parties agree to jointly make (or amend) a Service Booking on the NDIA portal so that Mission You Pty Ltd can commence providing services on the date agreed. If it is not possible to sign the agreement, both parties agree to accept the Service Booking within a further 48 hours or advise the other of their intention not to accept the booking. This may result in the Service Agreement being cancelled.

### Participant or Representative Name

Signature of  
[participant/participant's  
representative]

---

Date: \_\_\_\_\_

---

### Mission You Pty Ltd Representative

Signature of authorized person from  
Mission You Pty Ltd

---

Date: \_\_\_\_\_

---



**Conflict of Interest explained and understood?**

Yes  No  N/A

**Was another format of acceptance used to sign this Agreement?**

Audio  Video  Legal Mark

**Was a copy of this agreement provided to the participant?**

Yes  No Participant elected not to receive a copy

**If the participant chooses not to sign the Agreement, please indicate.**

Did not want to sign  Participant advised of terms & conditions

Mission You Pty Ltd can be contacted on:

<b>Contact name</b>	Sadhna Makhija
<b>Mobile</b>	. 0430 155 192
<b>Email</b>	admin@missionyou.health
<b>Address</b>	.Sadhna Makhija Counselling Therapy Studio, Shop 3/164 Great Western Hwy, Westmead NSW 2145.