

This form is to be completed by the registered Redress Practitioner.

Please return the completed form via email to**redresscounselling@dcssds.qld.gov.au**

Privacy Statement: The department is collecting your personal information for the purpose of entering into a service provider agreement with you to provide redress counselling and psychological care services. Your personal information will be handled in accordance with the *Information Privacy Act 2009 (Qld).*

I confirm that I, {Name}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of {Business Name} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will meet the following requirements for delivering Redress Counselling and Psychological Care (CPC):

#### Prior to delivering the service, I will:

[ ]  Contact the CPC Program, with the participant’s permission, to confirm the person (participant) receiving counselling has a redress verification identity number (RV number) and counselling hours available.

[ ]  If the participant requests the provision of services to family, I will contact the CPC program to confirm the participant’s RV number and the process for family members to access CPC.

[ ]  Disclose to the participant 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.

[ ]  Ensure the participant is not asked to complete an application form disclosing their experience of institutional child sexual abuse to access my service.

##### In delivering the service, I will:

[ ]  Collaborate with the participant regarding their preferences and priorities in developing a counselling plan.

[ ]  Consider the specific needs of the person such as their cultural background, language, disability, gender and sexuality.

[ ]  Ensure both parties sign and date the **Confirmation of Counselling Form** at the end of every session. I will tick the virtual session box if the session was via virtual means. No signature is required from the participant if the session is virtual.

###### In billing for services, I will:

[ ]  Charge my standard rate of service, no higher than the approved rate in the attached Redress Schedule of Fees.

[ ]  Charge for Redress Counselling only and with no gap or fee to the participant, to a health insurance provider, NDIS provider or to Medicare.

[ ]  Email redresscounselling@dcssds.qld.gov.au a tax compliant invoice for each service addressed to the **Department of Families, Seniors, Disability Services and Child Safety**. The invoice should include the additional information below.

 Please Note: Multiple sessions provided to the same participant in the same month may be billed on one invoice, provided each session is separately identified.

######  Additional Invoice information Required:

* Trading Name and Australian Business Number (ABN)
* The participant’s surname and RV number.
* The date or dates a service was provided to the participant, the rate charged, and hours of service delivered.
* The GST amount (if any) payable.

 [ ]  Attach with the invoice, the signed and dated copy of the counselling of confirmation form for every session.

If billing for non-attendance at appointments or late cancellations, I will:

[ ]  Provide the CPC Program with a copy of the practice policy regarding non-attendance and late cancellation fees. A hyperlink from business website is sufficient.

[ ]  Complete the non-attendance and late cancellation section on the Confirmation of Counselling Form and information regarding if the participant received reminder/s about their scheduled appointment/s.

I understand it is my responsibility to provide the CPC program with:

[ ]  Up to date copies of my registration and industry memberships at renewal.

[ ]  Notification of any changes to my practice e.g., location or other practice changes.

Verified by the counselling/psychological care provider:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_