

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

Please return the completed form via email to[**redresscounselling@dcssds.qld.gov.au**](mailto: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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_