



# Pacific Plan Management

Pacific Plan Management  
Suite 2, Level 1, 6 George St Warilla  
NSW 2528  
4/13 Swaffham Rd Minto  
NSW 2566

Phone: 1800 861 112

## NDIS Service Agreement

Information	Participant details
Plan Management Agreement Start Date	
Participant Name	
Participant NDIS Number	
Date of Birth	
NDIS Plan Start Date	
NDIS Plan End Date	
Contact email	
Phone	
Participants Address	
Support Coordinator/Plan Nominee	Please add details on Page 7

- **Parties**

This Agreement is made between Pacific Plan Management (PPM) and the above listed participant for the purpose of providing plan management in accordance with your National Disability Insurance Scheme (NDIS) plan. Services we will provide will include providing you with a monthly statement of your account balance, paying your invoices in a timely manner. **The Agreement commences from the above listed agreement start date and will remain in effect until cancelled – Inclusive of plan extensions and new plans.**



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- **The Service Agreement**

This service agreement is made for the purpose of providing agreement on the services to be provided to the client by PPM. The parties agree that this service agreement aims to:

Support the independence and social and economic participation of people with disability and enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their services.

- **Your Rights and Responsibilities**

What can you expect of PPM:

- Follow the [NDIS Code of Conduct](#) and Practice Standards in everything we do.
- Provide you with accessible information about the types of supports offered.
- Treat you with courtesy and respect.
- Communicate openly, honestly and in a timely manner.
- Listen to your feedback and work to resolve problems quickly.
- Maintain clear and timely records on the supports provided to you.
- Protect your privacy and confidentiality.
- Review the provided supports with you at appropriate times throughout the duration of the Agreement.
- PPM will abide by the [NDIS Rules 2019](#).



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- Will do our best to provide you with staff to accommodate your Cultural and Linguistic preferences.

### What does PPM expect from you?

- To treat PPM staff with courtesy and respect.
- To inform PPM of any changes in circumstances that may affect the Agreement.
- To inform PPM of any concerns about the services being provided to you.
- To provide PPM with reasonable notice (as set out below) should you require the Agreement to be modified or terminated.
- To attend all scheduled appointments.
- Provide PPM with reasonable notice (as set out below) for cancellations or changes to scheduled appointments.
- To inform PPM when a new plan has been activated either annually or by review.

- **How much do you pay for the Supports?**

PPM will claim for services after they have been delivered. Costs for Services are based on the NDIS Price Guide applicable to the date on which the Support is provided. All costs are set out in the relevant NDIS Price Guide.



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- **How is your plan managed?**

Your NDIS funds are NDIS managed and PPM will claim payments through the service booking on the MyPlace portal.

### **Plan Manager Details:**

**Company: GMH Consulting Trading as Pacific Plan Management**

**Registration ID: 4050061968**

**Contact Person: Gerard Healey / Lisa Hartley**

**Phone: 1800 861 112**

**Email: [accounts@pacificplan.com.au](mailto:accounts@pacificplan.com.au)**

**[Please send invoices to accounts@pacificplan.com.au](mailto:accounts@pacificplan.com.au)**

- **What if you want to change or terminate this Agreement?**

If this Agreement requires a substantial amendment, both parties agree to provide a minimum of 3 business days' notice. If you or PPM need to end this Agreement, a minimum of two (2) weeks' notice must be given. Notice may be received either verbally or in writing. If either party seriously breaches this Service Agreement, the requirement of notice will be waived.

- **Feedback, Complaints, and Incidents**

We welcome and encourage feedback about the services you receive from us, including when you are not satisfied. Your feedback assists us to understand your experience, continuously improve services and



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supports and better meet your needs. You can make a complaint or provide feedback in person, over the phone, in writing, through our website or via email. You are welcome to have an advocate support you with our complaint and incident management process. Please refer to our Feedback and Complaint Policy and our incident management policy - contact us with a request for a copy in your preferred format. The policies explain in more detail how you can make a complaint and the process we will follow to address your concerns including when an incident has or may occur.

You can contact us at [accounts@pacificplan.com.au](mailto:accounts@pacificplan.com.au) or call me on 1800 861 112

As PPM is a NDIS Registered Service provider you may raise a complaint with the NDIS Commission.

NDIS Complaint Commissioner contact details:

Telephone: 1800 035 544 (free call from landlines) or TTY 133 677.

Interpreters can be arranged. Alternatively, you can access the [NDIS Commission website](#)

## **10. Privacy and Confidentiality**

We understand your privacy is important. We collect personal information about you. For example, name, address, date of birth, email address. We also collect sensitive information about you, such as information about your health and disability. We only collect personal information and sensitive information for the purpose of providing



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services to you in person or remotely or meet our lawful obligation to provide this information to keep you safe. We may also de-identify and use your information for the purpose of quality assurance activities, research, and evaluation. We will retain a record of this Agreement in your file for a maximum of 7 years if you are over 18 years and information collected from children (under 18 years of age) will be retained until they reach 25 years of age, or for seven years after their last services, whichever is the later. We are obliged to follow various government acts including the Privacy Amendment Act 2017, NDIS Act 2013 Privacy Amendment Act (Notifiable Data Breaches) 2017. We have a Privacy Policy that is available on request. The Privacy Policy describes how we collect, use, disclose and secure your personal information. It also has information about how you may request access to your personal information, correction of your personal information, and how you may complain about a breach of your privacy.

- Policies Relating to PPM Open Disclosure: PPM will always have open disclosure with clients and their family should a request be made to see internal documentation relating to them.
- Client Record Policy: Client records are treated as private and confidential. Information about clients is only collected when relevant and necessary to the provision of service. Only people directly related to the provision of a client's service may access their records.



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- PPM abide by the Aged Care Quality Standards and the 7 elements of the NDIS Code of Conduct.

### I understand that:

- I will be provided with a signed copy of this Agreement in my preferred format.
- I will be asked for my permission if I choose to take part in research projects or have information about me presented at external meetings or for marketing purposes.
- I can ask to view my client file at PPM any time.

I give consent for PPM to share with the service(s) / professional(s) referred to in the table below (Providers) the information referred to in the table corresponding to that Provider (Relevant Information). This consent extends to the provision by the Provider of Relevant Information to the Company and vice versa.

Name of service or professional	Relationship to Client	Information to be shared	Contact Details

We will not use or share your personal information with anyone without your consent, unless we have concerns for your safety, or we are



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required to by law. For example, mandatory reporting of child protection concerns.

**I understand that:**

**Any claims requested by myself the participant/nominee that are deemed reasonable and necessary, I the participant/nominee understand that I am liable if the NDIS state differently.**

### Agreement signatures

I, confirm that the Agreement has been explained to me and/or my plan nominee and that I/we agree to the schedule of supports as outlined above.

**Client/Parent/Guardian Signature: \_\_\_\_\_**

**Date: / /2024**

**PPM Representative Signature: *G Healey***

**Date: / /2024**

**PPM Representative Name: *Gerard Healey***