



Welcome to Explore and Soar!

Our Vision

To empower children and their families to confidently connect in their world; their way.

Our Mission

To educate children and their families through occupational therapy services to achieve independence everyday with joy.

Our Values

Connections for Life

Cultivating Awareness

Clinician Individuality

Client Adaptability

Community at Heart

Consistency & Accountability

Explore and Soar is a team of dedicated health professionals who are passionate about working with all children, their families, support networks and educators in achieving their goals. We are flexible, creative and accommodating to support all clients and their support network in their chosen community.

As one of our core values, connections for life is key. We demonstrate our connections through high-quality communication skills liaising with all our clients and their families in an adaptable manner that will best support them. Talk to us today! Explore and Soar work with many different modes of communication, including written, verbal, face-to-face, phone, email, with an interpreter (if required) and even some sign language for our non-verbal kids!

We are a mobile allied health practice that is dedicated to offering high quality, best-practiced occupational therapy for all children aged 0 to 18 years in the Newcastle, Hunter Valley and Muswellbrook regions.

Explore and Soar is looking forward to working with you and your family to achieve your goals and improve your everyday life.

Warm Regards,

The Explore and Soar Team

Expectations when Engaging with Explore and Soar

When working with Explore and Soar to ensure optimal engagement and supporting your goals, it works best with collaboration and working together as a team. From your end, the commitment is:

- To provide all clinical documentation when requested, such as NDIS reports, previous assessment reports or all relevant information.
- Complete and return service agreements promptly.
- To provide changes of details, address, email details and plan manager information.
- To communicate changes in family circumstances and the impact on ongoing intervention appointments
- Prompt payment of all invoices within NDIS guidelines and company policy.
 - Please refer to terms of trade in regards to debt collection and cancellation of appointments.
- To treat others in the same way that you wish to be treated yourself;
- Respect the rights of others and assist in providing an environment free from harassment and abuse.

Service Options & Price Guide

At Explore and Soar we strive to deliver high quality, best evidence based practice. As such, we offer various options for assessment, intervention and associated services. Please refer to our latest Service Options and Price Guide for more comprehensive details regarding our service options and associated fees.

We accept all funding types including:

- Private paying
- Private Health
- Medicare Care Plans
- NDIS

Our fees are based upon the NDIS Price Guide and are reviewed regularly. If you have a question regarding funding or pricing, please reach out to us directly to discuss.

Travel Fees

For Explore and Soar to continue to come to you and provide support and services, a travel fee is applied to each session. Our team's mobile-based model allows us to work across many locations within the Hunter Valley, Tamworth/Gunnedah and Lithgow/Bathurst regions. A **15 minute minimum travel fee** is allocated for each face to face appointment.

Our current areas of intervention sessions are determined by our clinical need in each of our three regions. Our clinicians have set days across their working weeks and the CDB of these towns are used to set a 15-minute travel time allocation. For all travel outside of the 15 minutes allocation, an additional fee will be incurred.

Travel costs vary when working with an Occupational Therapist and Therapeutic Assistant. This is based upon the applicable hourly rate.

Occupational Therapist Rates:

Travel time allocated	Travel Fee Price
Up to 15 minutes (minimum)	\$48.25
Up to 20 minutes	\$63.69
Up to 25 minutes	\$81.06
Up to 30 minutes	\$96.50

Therapeutic Assistant Rates:

Travel time allocated	Travel Fee Price
Up to 15 minutes (minimum)	\$21.50
Up to 20 minutes	\$28.38
Up to 25 minutes	\$36.12
Up to 30 minutes	\$43.00

Travel fees are discussed upon booking appointments with Explore and Soar and determining the location of the therapy interventions and support for the client and family. Please do not hesitate to contact us with any questions or concerns.

NB: Initial pricing values may be revisited after 2 to 3 appointments of travel time being monitored. This is to provide an accurate travel fee for the time taken to travel to the desired location. For example, travel time increases in peak hour traffic before and after school versus during school time.

Fees are reviewed as required and are in line with the most recent NDIS price guide.

Continuity of Supports

Along the Client Journey with Explore and Soar, clinicians will complete reviews of client goals and intervention strategies at regular intervals. This is completed at the initial assessment when commencing with Explore and Soar, as well as reviewed at the beginning of each school term.

In the event of changes to scheduled appointments occurring, all efforts will be made to reschedule at a mutually convenient time for both the client and clinician. However, at times, alternative appointment times may not be possible due to being a mobile service and only in specific locations at set times across a fortnightly rotation.

Cancellation Policy

At Explore and Soar, we value consistent and high-quality intervention services. However, we are aware that on occasion, life takes over, and there are moments when you are unwell, or family emergencies occur.

For regular term/ongoing appointments:

- If the client decides not to reschedule the appointment and the cancellation is **more than 24 hours prior** to the scheduled appointment, then the client **will not** be charged a cancellation fee.
- If a client does not reschedule their appointment and the cancellation is **within 24 hours but provides more than 4 hours notice** before the appointment, they will receive a notification that a **cancellation fee equivalent to 90%** of the appointment cost will be charged. The client must make this payment following the issuance of an invoice during the subsequent billing cycle.
- If a client informs the Clinician or Client Support Team (CST) of cancellation with **4 hours or less** notice before their sessions, a **cancellation fee equivalent to 100%** of the appointment cost will be charged, excluding travel fees. The client must make this payment following the issuance of an invoice during the subsequent billing cycle.
- If the client is **not present within the first 15 minutes** of scheduled start time at their scheduled appointment (for example a community or home visit) and does not call-in advance to inform the clinicians a **FULL Fee** will be charged for the appointment **with the travel fee attached**. Payment due on the day following receipt of invoice sent to client.

All attempts will be made to try to contact the client if they are not present at their scheduled appointment; if the client or family fail to get in contact or do not show up within 15 minutes of the session commencement time, the clinicians or therapeutic assistant reserves the right to leave the appointment and **FULL FEE** with travel will be charged as per above.

- For Monday appointments, if a cancellation is to occur, notification is required by Friday 12 p.m. for no cancellation fee to be applied. If an appointment cancellation occurs after this time and outside of business hours, a **90% cancellation fee** will be applied.
- If an emergency or medical incident occurs, fees will be determined at Explore and Soar's discretion.
- If a client confirms a rescheduled appointment and cancels this appointment, the client will receive a full cancellation fee regardless of the notice given.

Group & Intensive School Holiday Appointments:

- Booking and confirming school holiday group programs and intensives are completed 5 to 6 weeks in advance. Due to high demand and limited availability for the week programs, week cancellations apply.
 - If a client cancels a week intensive program, there will be a **90% cancellation fee** for the whole week. This fee will not be applied if the intensive spot is filled.
 - If a client cancels a week-long group program, there will be a **90% cancellation fee** for the whole week. This fee will not be applied if the group program allocation is filled. This is non-negotiable due to the preparation and group program development completed prior to the running of the group.

- If an emergency or medical incident occurs, fees will be determined at Explore and Soar's discretion.
- If all attempts by the Clinician and Client Support Team to reschedule the client's appointment fail, the treating Clinician of that client will be notified with a note in the practice management software system schedule.
- Once notified, the clinician is required to follow up with the client about the cancellation via phone call within the next 24 hours.

Interruption & Cessation of Ongoing Appointments:

Explore and Soar reserves the right to cancel any ongoing appointments with clients due to the following reasons:

Infrequent payments of completed therapy sessions.

- Two (2) weekly invoices, one (1) fortnightly invoice, or one (1) monthly invoice is outstanding.
- If a client and their family are continuously late or behind with payments, this will be communicated and a warning provided.
- Following this warning, a client will lose their ongoing appointment type if still inconsistent payments are made.

Frequent Cancellations:

- If a client is unable to attend and engage in regular scheduled appointments in a term, such as three (3) appointments (for weekly) and two (2) appointments (for fortnightly). They will lose their ongoing spot.
- If a client is attending monthly appointments and cancels two (2) monthly appointments within a six (6) month period, they will lose their ongoing spot.

Disrespectful communication or behaviour toward the Explore and Soar team will not be tolerated. Examples of such behaviour, but not limited to

- Speaking rudely via phone call, text message or email to any of the Explore and Soar team members.
- Being inappropriate or rude face to face during the OT or TA sessions.
- Engaging in bullying or exerting undue pressure to secure appointments or clinical documentation, especially when there are time constraints, such as a client needing a report for an NDIS review meeting within two days without prior communication with the clinician, may lead to situations where the clinician has insufficient time to complete the necessary report by the deadline.

NDIS Compliance

- To ensure Explore and Soar is following NDIS compliance guidelines, all clients with an NDIS plan must provide accurate and up-to-date NDIS plan information, including:
 - NDIS participant number
 - NDIS Plan Dates (including start and end dates)
 - Budget allocation for relevant services
- Upon receipt of this information, a Service Agreement will be established between Explore and Soar and the client or client's participant.

- The client or client's representative is responsible for promptly informing and providing the abovementioned NDIS Plan information, ensuring that a new Service Agreement will be created, signed and implemented within 14 days of the NDIS plan's expiration or any changes in plan dates.
 - The client must be aware that under NDIS guidelines, they are responsible for monitoring their funding budget, timely providing new plan details to Explore and Soar, including promptly communicating any changes such as early review or change of circumstance, as well as reviewing and completing the Service Agreements within 14 days, as delay will result in clients being responsible for all outstanding invoices and making payments accordingly.
 - Explore and Soar reserves the right to cancel ongoing services if a Service Agreement is not established within 14 days of any NDIS plan variation.
- In cases where funding is no longer available or exhausted, the client assumes full responsibility for privately arranging payment of any and all outstanding invoices within the 7-day terms of trade.

Feedback, Complaints and Disputes

If the Participant wishes to provide Explore and Soar feedback, including compliments and complaints or suggestions for Explore and Soar to continue to improve our service, the Participant can do so in the following ways:

- In-person with their clinician.
- Phone Explore and Soar on 0477 708 217
- Email Explore and Soar Client Support Team on admin@exploreandsoar.com.au.

Alternatively, you can fill out the compliments and complaints feedback form found on the website www.exploreandsoar.com.au or use the paper-based form provided in the client information welcome pack. If you require another form, please do not hesitate to contact us. This form can be used anytime at the Participant / Participant's Representative's discretion.

Your feedback will be escalated to the appropriate department for review and action. Please let us know if you would like your feedback to be escalated to a particular manager for review.

If the Participant is not satisfied or does not want to talk to this person and is a NDIS participant, they can contact the National Disability Insurance Agency by calling 1800 800 110, visiting one of their offices in person, or visiting ndis.gov.au for further information.

Emergency & Disaster Management

Explore and Soar has a duty of care not only to their clients but also to their employees. As such, our Emergency & Disaster Management plan aims to reduce the risk and promote the safety of clients, their families and our employees. During peak periods of natural emergencies or disasters such as bushfires or floods, the Explore and Soar Management Team will monitor multiple sources of information from appropriate channels, including but not limited to:

- Hazards Near Me App,
- NSW Health,
- NSW Police,
- NSW SES.

In the case of increased or imminent risk, Explore and Soar's first priority is the safety of their clients and their employees. Communication with clients and their families during such emergencies & disasters will occur through phone calls, text messages or emails to inform them of any changes to their provision of services. Explore and Soar will provide opportunities to reschedule or alternative continuity of supports and intervention for each client, such as:

- telehealth,
- rescheduling of OT appointments or completing TA appointments,
- completing a home program of activities in the interim until following appointment, or offering,
- holiday intensives.

Once all warnings are downgraded, and it is safe to re-enter communities, appointments face to face in these areas will recommence.

Incident Management

Reporting of any accident, incident or near miss involving an Explore and Soar Employee and/or client and their family must be completed to Explore and Soar Management as soon as possible. Employees, Clients and/or their families, can report any incidents to Explore and Soar Management via email: admin@exploreandsoar.com.au or phone: 0477 708 217.

The Explore and Soar Management Team will investigate all incidents to determine if an incident is a reportable incident to NDIS. The following incidents are deemed reportable to NDIS:

1. Death,
2. Serious injury,
3. Abuse or neglect of a person with a disability,
4. Unlawful sexual or physical contact with, or assault of a person with disability, or
5. Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity, or
6. Use of restrictive practices in particular circumstances.

Explore and Soar are mandatory reporters. Mandatory reporting is when the law requires the employee to report a known or suspected case of abuse and/or neglect. If any client within Explore and Soar is presenting risks to their safety and well-being mandatory documentation and reporting are required.

Client Conflict of Interest

Explore & Soar actively manages real and possible conflicts of interest that have the potential to negatively impact or influence services. This is part of our commitment to always provide safe and high-quality support.

Where personal interest comes into conflict with a person's work-related or volunteering responsibilities, Explore & Soar exercises good governance, to ensure any conflicts are identified and prevented or resolved.

A conflict of interest may be naturally occurring rather than as an indication of improper activity and all conflicts whether real or possible must be identified, declared, recorded and managed.

Definitions of Conflict:

Conflict of Interest: A person or business that derives real or apparent benefit from actions or decisions made in their official capacity. Conflicts may be actual, potential, or perceived.

Actual Conflict of Interest: There is a real conflict between a person or business's official duties and private interests.

Potential Conflict of Interest: A person or business has private interests that could conflict with their official Explore & Soar duties. This refers to circumstances where it is foreseeable that a conflict may arise in future and steps should be taken now to mitigate the risk.

Perceived Conflict of Interest: The public or a third party could form the view that a person or business's private interests could improperly influence their decisions or actions, now or in the future.

Person interest: Refers to a person or business's own interests and those of their family and friends and/or any organisations they support or are involved with.

Benefit: Any product, service, or advantage given to a person due to their work. This can include money, gift cards, gifts or discounts or favourable treatment.

Examples of scenarios where conflicts may occur include:

- Relations with family or friends
- Work activities outside of Explore & Soar whether this is paid or unpaid.
- Personal relationships with internal and/or external parties
- Gifts/benefits
- Provision of external consultancy services
- Procurement of goods and services.

CONFLICT OF INTEREST FORM

Please complete this form if you feel you have a conflict of interest due to knowing staff on a personal basis, you have relatives or friends using our services etc. If you require more than one form, please contact us directly.

Client Details

Name:	
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Details of the Conflict of Interest

Name of Person/s regarding conflict of interest:	
Date conflict began:	
<p>Type of conflict of interest (tick one):</p> <p> <input type="checkbox"/> Actual <input type="checkbox"/> Potential <input type="checkbox"/> Perceived </p> <p>Actual, potential, or perceived conflict relates to: (tick all that are relevant)</p> <p> <input type="checkbox"/> Relationship with family or friends <input type="checkbox"/> Staff recruitment <input type="checkbox"/> Work activities outside (paid/unpaid) <input type="checkbox"/> Personal relationships with internal and/or external parties <input type="checkbox"/> Financial interest <input type="checkbox"/> Disposal of assets <input type="checkbox"/> Gifts/Benefits <input type="checkbox"/> Provision of external consultancy service </p>	
<p>Provide a detailed description of the actual, potential, or perceived conflict of interest <i>(including the specific personal interest identified and how this raises an actual potential or perceived conflict of interest, who is/could become involved (client name, staff name, organisations etc) and the effect on those involved)</i>:</p> 	

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian (printed name): _____

Terms of Trade (ECC)

1. Services

1.1 The Services shall be as described on any invoices, quotation, work authorisation, or any other forms which are provided by the Therapist to the Client.

2. Price and Payment

2.1 The Price shall be as indicated on invoices provided by the Therapist to the Client in respect of the Services supplied.

2.2 Time for payment for the Services shall be of the essence and will be stated on the invoice, quotation, or any other order forms. If no time is stated then payment will be due seven (7) days following the date of the invoice.

2.3 Unless otherwise stated the Price does not include GST (Goods and Services Tax). In addition to the Price the Client must pay to the Therapist an amount equal to any GST the Therapist must pay for any supply by the Therapist under this or any other agreement for the sale of the Services. The Client must pay GST, without deduction or set off of any other amounts, at the same time and on the same basis as the Client pays the Price. In addition the Client must pay any other taxes and duties that may be applicable in addition to the Price except where they are expressly included in the Price.

3. Default and Consequences of Default

3.1 Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of two and a half percent (2.5%) per calendar month (and at the Therapist's sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.

3.2 If the Client owes the Therapist any money, the Client shall indemnify the Therapist from and against all costs and disbursements:

- (a) incurred; and/or
- (b) which would be incurred and/or
- (c) for which by the Client would be liable;

in regard to legal costs on a solicitor and own client basis, internal administration fees, the Therapist's contract fees owing for breach of these terms and conditions, including, but not limited to, contract default fees and/or recovery costs (if applicable), as well as bank dishonour fees.

3.3 Further to any other rights or remedies the Therapist may have under this contract, if a Client has made payment to the Therapist, and the transaction is subsequently reversed, the Client shall be liable for the amount of the reversed transaction, in addition to any further costs incurred by the Therapist under this clause 3 where it can be proven that such reversal is found to be illegal, fraudulent or in contravention to the Client's obligations under this agreement.

4. Defects, Warranties and the Competition and Consumer Act 2010 (CCA)

4.1 The Client must inspect the Therapist's Services on completion of the Services and must within seven (7) days notify the Therapist in writing of any evident defect in the Services provided (including the Therapist's workmanship) or of any other failure by the Therapist to comply with the description of, or quote for, the Services which the Therapist was to supply. The Client must notify any other alleged defect in the Therapist's Services as soon as is reasonably possible after any such defect becomes evident. Upon such notification the Client must allow the Therapist to review the Services that were provided.

4.2 Under applicable State, Territory and Commonwealth Law (including, without limitation the CCA), certain statutory implied guarantees and warranties (including, without limitation the statutory guarantees under the CCA) may be implied into these terms and conditions (**Non-Excluded Guarantees**).

4.3 The Therapist acknowledges that nothing in these terms and conditions purports to modify or exclude the Non-Excluded Guarantees.

4.4 Except as expressly set out in these terms and conditions or in respect of the Non-Excluded Guarantees, the Therapist makes no warranties or other representations under these terms and conditions including, but not limited to, the quality or suitability of the Services. The Therapist's liability in respect of these warranties is limited to the fullest extent permitted by law.

4.5 If the Client is a consumer within the meaning of the CCA, the Therapist's liability is limited to the extent permitted by section 64A of Schedule 2.

4.6 If the Therapist is required to rectify, re-supply, or pay the cost of re-supplying the Services under this clause or the CCA, but is unable to do so, then the Therapist may refund any money the Client has paid for the Services but only to the extent that such refund shall take into account the value of Services which have been provided to the Client which were not defective.

4.7 If the Client is not a consumer within the meaning of the CCA, the Therapist's liability for any defective Services is:

- (a) limited to the value of any express warranty or warranty card provided to the Client by the Therapist at the Therapist's sole discretion;
- (b) otherwise negated absolutely.

4.8 Notwithstanding clauses 4.1 to 4.7 but subject to the CCA, the Therapist shall not be liable for any defect or damage which may be caused or partly caused by or arise as a result of:

- (a) interference with the Services by the Client or any third party without the Therapist's prior approval;
- (b) the Client failing to follow any instructions or guidelines provided by the Therapist;
- (c) fair wear and tear, any accident, or act of God.

5. Privacy Policy

5.1 All emails, documents, images or other recorded information held or used by the Therapist is Personal Information, as defined and referred to in clause 5.3, and therefore considered Confidential Information. The Therapist acknowledges its obligation in relation to the handling, use, disclosure and processing of Personal Information pursuant to the Privacy Act 1988 (the Act) including the Part IIIC of the Act being Privacy Amendment (Notifiable Data Breaches) Act 2017 (NDB) and any statutory requirements, where relevant in a European Economic Area ("EEA"), under the EU Data Privacy Laws (including the General Data Protection Regulation ("GDPR") (collectively "EU Data Privacy Laws"). The Therapist acknowledges that

in the event it becomes aware of any data breaches and/or disclosure of the Client's Personal Information, held by the Therapist that may result in serious harm to the Client, the Therapist will notify the Client in accordance with the Act and/or the GDPR. Any release of such Personal Information must be in accordance with the Act and the GDPR (where relevant) and must be approved by the Client by written consent, unless subject to an operation of law.

5.2 Notwithstanding clause 5.1, privacy limitations will extend to the Therapist in respect of cookies where the Client utilises the Therapist's website to make enquiries. The Therapist agrees to display reference to such cookies and/or similar tracking technologies, such as pixels and web beacons (if applicable), such technology allows the collection of Personal Information such as the Client's:

- (a) IP address, browser, email client type and other similar details;
- (b) tracking website usage and traffic; and
- (c) reports are available to the Therapist when the Therapist sends an email to the Client, so the Therapist may collect and review that information ("collectively Personal Information").

If the Client consents to the Therapist's use of cookies on the Therapist's website and later wishes to withdraw that consent, the Client may manage and control the Therapist's privacy controls via the Client's web browser including removing cookies by deleting them from the browser history when exiting the site.

5.3 The Client agrees for the Therapist to obtain from a credit reporting body (CRB) a credit report containing personal credit information (e.g. name, address, D.O.B, occupation, driver's license details, electronic contact (email, Facebook or Twitter details), medical insurance details or next of kin and other contact information (where applicable), previous credit applications, credit history) about the Client in relation to credit provided by the Therapist.

5.4 The Client agrees that the Therapist may exchange information about the Client with those credit providers and with related body corporates for the following purposes:

- (a) to assess an application by the Client; and/or
- (b) to notify other credit providers of a default by the Client; and/or
- (c) to exchange information with other credit providers as to the status of this credit account, where the Client is in default with other credit providers; and/or
- (d) to assess the creditworthiness of the Client including the Client's repayment history in the preceding two years.

5.5 The Client consents to the Therapist being given a consumer credit report to collect personal credit information relating to any overdue payment on commercial credit.

5.6 The Client agrees that personal credit information provided may be used and retained by the Therapist for the following purposes (and/or other agreed purposes or required by):

- (a) the provision of Services; and/or
- (b) analysing, verifying and/or checking the Client's credit, payment and/or status in relation to the provision of Services; and/or
- (c) processing of any payment instructions, direct debit facilities and/or credit facilities requested by the Client; and/or
- (d) enabling the collection of amount's outstanding in relation to the Services.

5.7 The Therapist may give information about the Client to a CRB for the following purposes:

- (a) to obtain a consumer credit report;
- (b) allow the CRB to create or maintain a credit information file about the Client including credit history.

5.8 The information given to the CRB may include:

- (a) Personal Information as outlined in 5.3 above;
- (b) name of the credit provider and that the Therapist is a current credit provider to the Client;
- (c) whether the credit provider is a licensee;
- (d) type of consumer credit;
- (e) details concerning the Client's application for credit or commercial credit (e.g. date of commencement/termination of the credit account and the amount requested);
- (f) advice of consumer credit defaults (provided the Seller is a member of an approved Oaic External Disputes Resolution Scheme), overdue accounts (and repayments or outstanding monies which are overdue by more than sixty (60) days and for which written notice for request of payment has been made and debt recovery action commenced or alternatively that the Client no longer has any overdue accounts and the Therapist has been paid or otherwise discharged and all details surrounding that discharge (e.g. dates of payments) information that, in the opinion of the Therapist, the Client has committed a serious credit infringement;
- (h) advice that the amount of the Client's overdue payment is equal to or more than one hundred and fifty dollars (\$150).

5.9 The Client shall have the right to request (by e-mail) from the Therapist:

- (a) a copy of the Personal Information about the Client retained by the Therapist and the right to request that the Therapist correct any incorrect Personal Information; and
- (b) that the Therapist does not disclose any Personal Information about the Client for the purpose of direct marketing.

5.10 The Therapist will destroy Personal Information upon the Client's request (by e-mail) or if it is no longer required unless it is required in order to fulfil the obligations of this agreement or is required to be maintained and/or stored in accordance with the law.

5.11 The Client can make a privacy complaint by contacting the Therapist via e-mail. The Therapist will respond to that complaint within seven (7) days of receipt and will take all reasonable steps to make a decision as to the complaint within thirty (30) days of receipt of the complaint. In the event that the Client is not satisfied with the resolution provided, the Client can make a complaint to the Information Commissioner at www.oaic.gov.au.

Consent to above Terms of Trade

I certify that the below information is true and correct. I authorise the use of my personal information as detailed in the Privacy Act clause. I have read and understand the TERMS AND CONDITIONS (attached) of Explore and Soar Pty Ltd which form part of, and are intended to be read in conjunction with the Client Questionnaire Form and agree to be bound by these conditions.

Client Name: _____

Client DOB: _____

Client Address: _____

Signature of Client / Client's
representative

Name of Client / Client's
representative

Date

Relationship to Client

ID Type (eg Driver's Licence, passport)

ID Number

Media Consent Form and Release For Minors

At Explore and Soar we are working with different media platforms to inform our families, clients and the surrounding communities what exciting things we are achieving. This means we may wish to use images of different children achieving their goals.

I am the parent/guardian of _____ (print full name of child). I hereby give Explore and Soar Pty Ltd. and their staff the absolute right and permission to use photographs, pictures, digital images or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions or otherwise for any lawful purpose whatsoever. Including, but not limited to use on the Official Website, Brochures, Facebook, Instagram, and display upon promotional material, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection wherein My Child's likeness appears, or the use to which it may be applied.

I reserve the right to change my mind at any time and withdraw my consent to any media release of images.

I reserve the right to be informed and discussed prior to any release of images hitting any marketing or media platforms. Within media platforms, such as Facebook and Instagram for the privacy and confidentiality to protect My Child's rights, no facial photographs are to be released and no release of My Child's name.

I reserve the right to have photographs or videos taken of My Child in sessions for promotional and media platforms, in addition to demonstrating achievements with photos sent to the parents/guardian to demonstrate what has been completed within the sessions or to facilitate explanation and demonstration of home program activities when required.

This is a release of legal rights. Read it carefully and be certain you understand it before signing.

Please check one of the boxes below then sign your name(s)

- CONSENT: We/I hereby certify that we/I are/am the parent(s) or guardian(s) of the above-named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.
- NON-CONSENT: We/I hereby certify that we/I are/am, the parent(s) or guardian(s) of the above-named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian (printed name): _____

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian (printed name): _____

Privacy & Confidentiality

At Explore and Soar we are committed to protecting and upholding the rights of our clients and their families to privacy and confidentiality and will apply the Australian Privacy Act 1988 and the 13 Australian Privacy Principles (APPs) in the way we collect, store and use information about our clients, their needs and the services we provide to them.

A copy of the Australian Privacy Principles may be obtained from the website of The Office of the Australian Information Commissioner at www.aoic.gov.au

What is Personal Information and why do we collect it?

Personal Information is information or an opinion that identifies an individual. Examples of Personal Information we collect include: names, addresses, email addresses, phone and facsimile numbers.

This Personal Information is obtained in many ways including correspondence by telephone, email, from our website (www.exploreandsoar.com.au), interviews at the initial consult, or from media and publications, such as text message and from third parties upon consent from yourself (such as, teachers, educators, other allied health professionals).

We collect your Personal Information for the primary purpose of providing best client directed services and information to you. We may also use your Personal Information for secondary purposes closely related to the primary purpose, in circumstances where you would reasonably expect such use or disclosure.

When we collect Personal Information, we will, where appropriate and where possible, explain to you why we are collecting the information and how we plan to use it.

Third Parties:

Where reasonable and practicable to do so, we will collect your Personal Information only from you. However, in some circumstances we may be provided with information by third parties. In such a case we will take reasonable steps to ensure that you are made aware of the information provided to us by the third party.

In the case of Personal information being provided by third parties, such as schools, other allied health professions etc., an additional phone call or face-to-face discussion will be completed to inform the family in regards to the details of conversation (if the family is not already aware). If the information is completed through correspondence such as emails; the family will be included in this correspondence.

Disclosure of Personal Information:

Your Personal Information may be disclosed in a number of circumstances including the following:

- Third parties where you consent to the use or disclosure
- Clinician completes supervision with allied health manager to further support and clinically reason treatment intervention to further progress goals and enhance quality of life; and
- Where required or authorised by law.

Upon no other circumstance will your personal information be disclosed to any third parties or discussed within unnecessary allied health staff within the Explore and Soar Company.

Security of Personal Information:

Your Personal Information is stored in a manner that reasonably protects it from misuse and loss and from unauthorised access, modification or disclosure.

When your Personal Information is no longer needed for the purpose for which it was obtained, we will take reasonable steps to be archived and no access to your Personal Information is achieved (unless re-engaging with the service). However, most of the Personal Information is required to be stored until the child is 18 years of age and then required to be stored for an additional 7 years minimum prior to being de-personalised and destroyed.

Access to your Personal Information:

You may access the Personal Information we hold about you and to update and/or correct it, subject to certain exceptions. If you wish to access your Personal Information, please contact us in writing.

Explore and Soar will not charge any fee for your access request, but may charge an administrative fee for providing a copy of your Personal Information.

In order to protect your Personal Information, we may require identification from you before releasing the requested information.

Maintaining the Quality of your Personal Information:

It is important to us that your Personal Information is up to date. We will take reasonable steps to ensure that your Personal Information is accurate, complete and up-to-date. If you find that the information we have is not up to date or is inaccurate, please advise us as soon as practicable so we can update our records and ensure we can continue to provide quality services to you.

Policy Updates:

This Policy may change from time to time and upon changes will be sent through to you in an email update. This in turn will be followed up with a phone call from the administrations team to ensure consent following these changes.

Privacy Policy Complaints and Enquiries:

If you have any queries or complaints about our Privacy Policy, please contact us via ph: 0477 708 217 or via email admin@exploreandsoar.com.au

Jessica Rodgers

Director/ Occupational Therapist
Explore and Soar

Privacy & Confidentiality Consent Form

I have read, understood and agree with all the privacy and confidentiality requirements provided with Explore and Soar.

- CONSENT: We/I hereby certify that we/I are/am the parent(s) or guardian(s) of the above-named child and do hereby give our/my consent without reservation to the Personal Information being gathered through correspondence with appropriate third parties, including allied health professionals and the teacher educators and us/myself. I understand and am informed on how to access all Personal Information at any time and agree with any disclosure of Personal Information of My Child as outlined above.

- NON-CONSENT: We/I hereby certify that we/I are/a, the parent(s) or guardian(s) of the above-named child and do not hereby give our/my consent to liaise with third parties, including allied health professionals or teacher educators. However, I do agree to the management of Personal Information.

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian (Printed name): _____

Safe Home Visiting Agreement & Off Site Visit Park Management Checklist

Explore and Soar is passionate about the safety of their staff, clients and families. To ensure that the occupational therapist is safe when visiting your home and your child has enough adequate space to engage in support strategies safely; Explore and Soar complete regular Risk Safety checks when out in the community. Either your treating clinician or client support team will check in prior to commencement or on commencement of intervention therapy with your family. In addition, please be advised of the following requests.

Please indicate by ticking the box of each statement that you have read and agree to it.

If you sign the form below you are consenting to the following:

- The Parent/Caregiver is responsible for all pets to be in a contained area to ensure Explore and Soar staff will not be in direct contact.
- The Parent/Caregiver will ensure the environment is a smoke, drug and alcohol free environment.
- The Parent/Caregiver are to inform the Explore and Soar staff of any behaviours their child may have (such as, biting, hitting, kicking, throwing, objects, hair pulling), this is to ensure your therapist can support you with an agreed management plan.
- The Parent/Caregiver is to notify the visiting therapist prior to the visit if anyone present has a history of criminal offenses or is currently on a good behavior bond or parole.
- The Parent/Caregiver is to notify the visiting therapist if any other persons (family/friends) will be present during the time of the visit.
- The Parent/Caregiver is to provide all relevant information regarding the physical environment of their home to support assessment and/or therapy intervention. A phone call will be made prior to the initial home visit by your therapist if there are any concerns.

OT reserves the right to stop the session immediately if these safety requirements are not met and you will be charged the intervention session fee.

Child's Name: _____

Parent/Caregiver/Guardian Name: _____

Signature: _____

Date: _____

MEDICAL EMERGENCIES / CONSENT TO ADMINISTER MEDICAL TREATMENT AND MEDICATION

The only person that can give consent for the Therapist to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the Client's parents or guardians if appointed by the courts.

I give consent for the Therapist to undertake first aid or seek medical assistance or treatment that the Client should require at my expense. In this event every effort will be made to contact the Parents / Guardians immediately.

I agree to collect or make arrangements for the collection of the Client should they become unwell and no parent/guardian is present.

Parent/Guardian Signature

Parent/Guardian Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

PHYSICAL CONTACT PERMISSION

Physical contact between therapist and client can be a key aspect in Occupational Therapy assessment and intervention. This allows the therapist to provide key information/feedback to the client.

Examples of physical contact may include, but not limited to:

- Hand over hand prompts and guidance
- Manipulation of body positioning
- Deep pressure hugs for regulation support
- Gestures for communication

In the event that a client is behaving in a way that may cause injury to themselves or others (for example; hitting, biting, throwing items, head banging, running onto a road etc), the Explore and Soar clinician will respond in the most appropriate way (in collaboration with parent/guardian/teacher support, where possible) in an attempt to minimize injury to the child or others nearby.

By signing this form,

- I hereby acknowledge that physical contact between therapist and client may occur within the therapy setting.
- I hereby give my consent for physical contact between my child/myself and the Explore and Soar Clinician to ensure safety and best outcomes in Occupational Therapy assessment and intervention sessions.

Parent/Guardian Signature

Parent/Guardian Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date