

## Consent to Exchange Information

At different times we might need your permission to gather information.

We might also need your information so we can:

- assist you to work out if you may qualify to become an NDIS participant,
- assist you in accessing funded supports or other supports outside the NDIS,
- prepare for your NDIS plan review, and
- perform other functions as required under the NDIS Act.

When we need to share your information with Third Parties, we will always show the Third Party your consent.

If after signing this form you decided to cancel this permission, you can withdraw your consent by contacting the Manager.

### Part A: Information about you

Your contact details:

Participant's Name		
Date of Birth		
Contact Details	Postal Address:	
	Phone Number:	Mobile Number:
	Email Address:	
NDIS Number		

### Part B: Consents

Consent	Yes	No
Consent to have my picture or video footage used?		
Consent to have my file used for an NDIS Audit?		
Consent for my information to be used in Service Provider's newsletter or other publications.		
I give consent for the provider to act as my advocate?		

## Part C: Giving consent

### Other Third Parties

If there are other people or organisations who may ALSO need information about you, please list them below, with the details of a person to contact.

<b>Place a ✓ in the Box</b>	<b>To Whom I Give Consent to Share and Exchange Information</b>	
		<b>Name of person or people</b>
	Parents	
	Siblings	
	Extended Family (Please nominate specific individuals if necessary)	
	Advocates	
	Friends (Please nominate specific individuals if necessary)	
	Centrelink	
	Our Contracted Staff	
	Other Service Provider's Support Staff	
	Activity Centre Support Staff	
	General Practitioner	
	Specialist Medical	
	Allied Health Professional	
	Emergency Services	
	Internal/External Auditor	
	Legal Representative	
	NDIA Staff/Personnel	
	Other (Please Specify)	

## Part D: Signature

By signing this Consent Form:

I understand I can obtain further information about how the agency handles my personal information from within the Privacy Policy. I can ask for a copy of the document.

I understand I have given consent to ask for information about me and share my information with third parties as listed.

I understand I can withdraw my consent at any time.

Pursuant to *The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)* and *The Health Information Protection Act*. The purpose of this form is to provide consent to the release of personal information to third parties for the purpose of your care and support.

Person		Date
Participant's Name		
Participant's Signature		
Parent/Carer or Guardian's Name		
Parent/Carer or Guardian's Signature		