

## Client Consent to Obtain & Release Information Form

Note: This form can only be completed by the Client or the Authorised Representative

### Privacy Policy:

I hereby acknowledge that National Disability Support Partners Pty Ltd ABN 24 619 787 692 (NDSP) has provided me with access to NDSP's Privacy Policy which sets out.

- my right to access personal information.
- my right to withdraw my consent at any time; and
- what personal information will be collected and disclosed and why.

### Part 1: NDIS Participant Details

Full Name of Participant:	
NDIS Number:	
Participant Address:	
Date of Birth:	

### Part 2: Authorised Representative (if client is not primary decision maker)

**PLEASE NOTE:** Only complete this section if the Participant is not the primary decision-maker. Authorised Representative must be a person recognised by the NDIA as a substitute decision maker or nominee. Authorised Representative is automatically granted full access to the NDSP Online Portal.

Full Name of Authorised Representative:			
Relationship of Authorised Representative with Participant: (e.g., mother, father)			
An immediate parent/guardian  <input type="checkbox"/>	A person appointed by the NDIA as a Plan Nominee  <input type="checkbox"/>	Third Party legally appointed Guardian  <input type="checkbox"/>	
Contact Number:			
Email Address:			
Address of Authorised Representative:			

### Part 2a: Alternative Contact Person (if applicable)

Full Name:	First Name	Middle Name	Surname
Contact Number:			
Email Address:			
Relationship with client:			
Allow Access to NDSP On-line Portal ("read only")	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Part 3: Service Providers

Please provide details of Service Providers with whom NDSP can share information for the purposes of providing plan management services under the Service Agreement with the Participant/Authorised Representative.

☐ No Service Providers
 ☐ All Service Providers
 ☐ Only the following Service Providers:

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### Part 4: Support Co-Ordinator or Recovery Coach (if applicable)

Please provide details of Support Co-Ordinator / Recovery Coach business with whom NDSP can share information for the purposes of providing plan management services under the Service Agreement with the Participant/Authorised Representative.

Business Name:			
Contact Person 1:			
Support Co-Ordination or Recovery Coach:	Support Co-ordination <input type="checkbox"/>	Recovery Coach <input type="checkbox"/>	
Contact Person 1 Email Address:			
Business Contact Email: <small>(for circumstances in which permission is provided to share information with the business when the main contact is not available or there is no main contact person)</small>			
Telephone:			
I consent to Support Co-Ordinator/Recovery Coach having "READ ONLY" access to my NDSP On-line Portal/App. Yes <input type="checkbox"/> No <input type="checkbox"/>		I consent to the Support Co-Ordinator/Recovery Coach <u>Company/Business</u> having "READ ONLY" access to my NDSP On-line Portal/App. Yes <input type="checkbox"/> No <input type="checkbox"/>	

Business Name:		
Contact Person 2:		
Support Co-Ordination or Recovery Coach:	Support Co-ordination <input type="checkbox"/>	Recovery Coach <input type="checkbox"/>
Contact Person 2 Email Address:		
Business Contact Email: (for circumstances in which permission is provided to share information with the business when the main contact is not available or there is no main contact person)		
Business Telephone:		
I consent to Support Co-Ordinator/Recovery Coach having "READ ONLY" access to my NDSP On-line Portal/App. Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to the Support Co-Ordinator/Recovery Coach <u>Company/Business</u> having "READ ONLY" access to my NDSP On-line Portal/App. Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Part 5: Audit Purposes

I am aware that I am automatically enrolled in audit processes and may be contacted by the audit team of NDSP for interviews and/or have files reviewed to ensure that NDSP complies with the NDIS Practice Standards. I am aware that if I do not want to participate in this audit process, NDSP will document and respect that decision.

Please tick if you **do not wish** to be a part of the audit process-

Tick Box: ☐

## Part 6: Signature

I declare the information I have provided in this document is true and accurate to the best of my knowledge. I have not deliberately provided any false or misleading information. I understand that I may revoke this consent at any time, by sending written notification to NDSP at [info@ndsp.com.au](mailto:info@ndsp.com.au)

Print Full Name:	
Signature:	
Date:	

*Please note: SIGNATURE OF PERSON COMPLETING FORM (MUST be either the NDIS Participant or an Authorised Representative who is recognised by the NDIA as the plan nominee)*