NDSP PLAN MANAGERS

Client Consent to Obtain & Release Information Form

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

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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 ☐	A person appointed by the NDIA as a Plan Nominee ☐	Third Party legally appointed Guardian ☐
Contact Number:		
Email Address:		
Address of Authorised Representative:		

Part 2a: Alternative Contact Person (if applicable)

Full Name:	First Name	Middle name	Last Name
Contact Number:			
Email Address:			
Relationship with client:			
Allow Access to NDSP On-line Portal ("read only")	Yes ☐	No ☐	

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:

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 ☐ Recovery Coach ☐
Contact Person 1 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)	
Telephone:	

I consent to Support Co-Ordinator/Recovery Coach having "READ ONLY" access to my NDSP On-line Portal/App. Yes ☐ No ☐	I consent to the Support Co-Ordinator/Recovery Coach Company/Business having "READ ONLY" access to my NDSP On-line Portal/App. Yes ☐ No ☐
Business Name:	
Contact Person 2:	
Support Co-Ordination or Recovery Coach:	Support Co-ordination ☐ Recovery Coach ☐
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 ☐ No ☐	I consent to the Support Co-Ordinator/Recovery Coach Company/Business having "READ ONLY" access to my NDSP On-line Portal/App. Yes ☐ No ☐

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

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)