

**Consent to Share enables a client to give signed consent for NDSP Plan Managers employees to discuss personal and plan information over the phone or via email with additional parties such as Secondary Contacts (your parent, a co-parent / guardians, grandparents, close friends etc), Support Coordinators or others.**

Only you (NDSP Plan Managers client), your Guardian or Authorised Representative may give consent to share. The information we share can include your current budget amounts, information about recent invoices and providers you have engaged, client details and representative contact details. You can tell us what you want to share.

Giving additional parties consent to access your personal information is purely optional and will not affect our services. You have the ability to add or remove people to your Consent to Share list in the future.

<b>Full Name:</b>	
<b>NDIS Number:</b>	

I, \_\_\_\_\_

**(the client or the name of the guardian or authorised representative to act on behalf of the client), hereby consent to NDSP Plan Managers sharing information about my/the NDIS plan with the following parties:**

**Secondary Contact** (eg: your parent, a co-parent / guardians, grandparents, close friends etc)

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to Participant:</b>	

Please tick relevant information to share:

- |  |  |
|--|--|
| <input type="checkbox"/> Client Name & NDIS Number       | <input type="checkbox"/> Client/Representative contact details |
| <input type="checkbox"/> Plan balances, spending & dates | <input type="checkbox"/> Confirmation of services provided     |
| <input type="checkbox"/> Access to NAPPA                 |  |

**Support Coordinator** (if applicable)

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Company (if applicable):</b>	
<b>ABN:</b>	

Please tick relevant information to share:

- |  |  |
|--|--|
| <input type="checkbox"/> Client Name & NDIS Number       | <input type="checkbox"/> Client/Representative contact details |
| <input type="checkbox"/> Plan balances, spending & dates | <input type="checkbox"/> Confirmation of services provided     |
| <input type="checkbox"/> Access to NAPPA                 |  |

**Additional Contact** (eg: your parent, a co-parent / guardians, grandparents, close friends etc)

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to Participant:</b>	

Please tick relevant information to share:

- |  |  |
|--|--|
| <input type="checkbox"/> Client Name & NDIS Number       | <input type="checkbox"/> Client/Representative contact details |
| <input type="checkbox"/> Plan balances, spending & dates | <input type="checkbox"/> Confirmation of services provided     |
| <input type="checkbox"/> Access to NAPPA                 |  |

