

## 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 ABN 24 619 787 692 (NDSP) has provided me with access to NDSP's Privacy and Dignity 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 :	

### 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 On-line Portal.*

Full Name of Authorised Representative:			
Relationship of Authorised Representative with Participant			
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"/>	Description of Relationship (e.g., mother) <div style="background-color: #e6f2ff; height: 15px; width: 100%;"></div>
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.

<b>Business Name:</b>	
<b>Contact Person 1:</b>	
<b>Contact Person 2: (if applicable)</b>	
<b>Support Co-Ordination or Recovery Coach:</b>	Support Co-ordination <input type="checkbox"/> Recovery Coach <input type="checkbox"/>
<b>Individual Contact Email 1:</b>	
<b>Individual Contact Email 2: (if applicable)</b>	
<b>Business Contact Email:</b> (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).	
<b>Telephone:</b>	
I consent to Support Co-Ordinator/Recovery Coach having "READ ONLY" access to my NDSP On-line Portal. Please Tick if you provide consent. <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 [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)*