

Consent to Exchange Information

Please complete this form so the NDIA has your permission to gather and share your information.

The NDIA needs information about you so we can:

- decide whether you can become a participant in the NDIS,
- prepare your plan and review your plan with you, if you become a participant,
- assist you in accessing supports outside the NDIS, and
- perform other functions as required under the NDIS Act.

It may be necessary for the NDIA to contact a third party to seek information about you. However, the NDIA needs your permission to do so. This information may include:

- where you live,
- information about your disability,
- medical reports,
- information about the supports you access,
- payments you make to service providers, and
- other information that will assist the NDIA.

If you agree to the NDIA sharing and receiving information about you from third parties, please fill in and sign the form on the next page.

The NDIA will share this form with third parties to show them you have agreed for the NDIA to talk to them about you and exchange information about you.

If you do not want this to happen, you do not have to give your permission. Also, if after signing this form you decide you do not want the NDIA to have permission anymore, you can withdraw your consent by contacting the NDIA. However, if the NDIA does not have all the information it needs, the following things may happen:

- the NDIA may not be able to decide whether you can become an NDIS participant,
- decisions might take longer while the NDIA finds the information, and
- the NDIA may not be able to approve your plan if you are a participant.

If you do not permit the NDIA to ask a third party about you, we will ask you for your information instead.

There are certain circumstances where the NDIA may also be required or allowed by law to talk to other people about you; give them your information or ask for information about you without your consent.

**Personal-In-Confidence when complete
OFFICIAL DOCUMENT—DO NOT COPY**



Part A: Information about you

Your contact details:

Surname	
Given names	
Date of birth	
Contact details	Postal address: Phone number: Email address:

Communicating with you:

How would you like us to contact you?	<input type="checkbox"/> Home phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> By post <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify) _____
How would you like to receive letters?	<input type="checkbox"/> Email <input type="checkbox"/> By post
Do you need an interpreter to help you communicate with us?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Language: _____)



Part B: Parent, legal guardian or representative

Fill out this section if you are completing this form on behalf of:

- a person under 18 years for whom you have parental responsibility, or
- a person for whom you are a legal guardian or representative.

The NDIA may ask you to provide information to confirm you are authorised to represent that person.

Your contact details:

Surname	
Given names	
What is your relationship with the person requesting access? (for example: parent, friend, relative, guardian, trustee, corporate nominee/trustee, other)	
Contact details	Postal address: Phone number: Email address:



Communicating with you:

How would you like us to contact you?	<input type="checkbox"/> Home phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> By post <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify) _____
How would you like to receive letters?	<input type="checkbox"/> Email <input type="checkbox"/> By post
Do you need an interpreter to help you communicate with us?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Language: _____)

Part C: Your information and privacy

Any personal information held by the NDIA is protected under the *National Disability Insurance Scheme Act 2013* and the *Privacy Act 1988*.

You can find more information about how the NDIA collects, uses, discloses and stores your personal information in the Privacy Notice on the NDIS website.

Part D: Giving consent

Do you consent to the NDIA talking to other people about you; giving them information about you and getting information about you from:

1. The Australian Government Department of Human Services (including Centrelink and Medicare)
 - Yes**, I consent. My CRN is _____ **or**
 - No**, I do not consent. I will provide the information myself.

2. State and Territory government departments
 - Yes**, I consent **or**
 - No**, I do not consent. I will provide the information myself.

3. Your medical practitioners and health professionals
 - Yes**, I consent **or**
 - No**, I do not consent. I will provide the information myself

4. Your service providers
 - Yes**, I consent **or**
 - No**, I do not consent. I will provide the information myself.

5. Any schools you have attended
 - Yes**, I consent **or**
 - No**, I do not consent. I will provide the information myself.

Other Third Parties

If there are other people or organisations who have information about you the NDIA might need, please list them below, with an address and the details of a person to contact.

Name of Third Party	Details

- Yes**, I consent to the NDIA contacting the above parties and exchanging information about me with them.



Part E: Signature

By signing this Consent Form:

- I understand I can obtain further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website.
- I understand I have given the NDIA consent to ask for information about me and share my information with third parties.
- I understand I can withdraw my consent at any time.

Name: (please print)	
Signature:	
Date:	