

Consent to share information

What is this form for?

This form tells us if we are allowed to share your personal and plan information with your support coordinator.

At times, your support coordinator or a representative of your support coordination company ('support coordinator') may want to check your current NDIS funding to assist you with your spending choices.

It is entirely up to you to decide if you want to give your support coordinator access to this information. It may help them to support you better, but it will not affect our services to you.

By signing this form, you allow Provider Choice to share your personal and/or plan information with your support coordinator – either over the phone, via email and/or on our Provider Choice online platform.

Who can sign this form?

Only you (Provider Choice customer) or your authorised representative/nominee may give consent to share information with your support coordinator.

I give consent for Provider Choice **to share the following information** with the support coordinator nominated below:

- Current funding amount
- Details about recent invoices
- Providers and services that I have engaged
- Personal and contact information

I give consent for Provider Choice to share the above information with the support coordinator via telephone, email and/or the Provider Choice online platform.

Participant name:	
NDIS number:	

I, _____
(Your name or name of your authorised representative / nominee)

consent to Provider Choice **sharing the information** above about my/the participant's NDIS plan **with the following support coordinator:**

First name:	
Last name:	
Company:	
Email:	
Phone:	
ABN:	

Authority and Declaration

I declare that I have the authority to approve this form, which gives consent to share information, in my capacity as:

- NDIS participant**
- Parent of the NDIS participant, who is under 18 years**
- Authorised representative / nominee of the NDIS participant**


Full name: (of participant or authorised representative / nominee)	
Date:	

Signature (of participant or authorised representative / nominee)

You can revoke your consent to share any of your information, or restrict the type and method of information we provide to your support coordinator, at any time by sending an email to planmanagement@providerchoice.com.au.

Questions? We're here to make the NDIS easier for you.

Get in touch and let our expert team guide you through your plan.

 1300 776 246

 planmanagement@providerchoice.com.au

www.providerchoice.com.au