

Consent to share information and share my plan

It may be necessary for Marli and Moe (*MM Disability PTY LTD - 405008675*) to contact a third party to seek information about you. However, Marli and Moe needs your permission to do so.

This form also gives the National Disability Insurance Agency (NDIA) permission to share your information on your behalf.

The information that can be shared will depend on the permission you give us on this form.

This information may include:

- *where you live, and information about you, such as your date of birth*
- *information about your disability*
- *your NDIS plan or funded supports*
- *medical and therapist reports*
- *other information that will assist Marli and Moe in providing you Support Coordination*

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

Marli and Moe will share this form with third parties to show them you have agreed for Marli and Moe to talk to them about you and exchange information about you, if requested.

If you do not want this to happen, you do not have to give your permission. If you decide you do not want Marli and Moe to have permission anymore, you can withdraw your consent by contacting us. However, if Marli and Moe does not have all the information it needs, the following things may happen:

- Support Coordination Support may be ineffective and may take longer to coordinate and engage you with services
- You will need to be the intermediary contact between services and us as the support coordination to pass on the required information to either party, this may result in depletion of funds.

If you do not permit Marli and Moe to ask a third party about you, we will ask you for your information instead.

There are certain circumstances where Marli and Moe 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.

Information about you:

Surname:

Given name(s):

Date of birth:

NDIS number:

Address:

Phone number:

Email:

Is there another person who we should communicate with when supporting you to support you to make decisions?

No

Yes (if yes, complete below)

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.

We may ask you to provide confirmation that you are authorised to represent the participant and to verify your identity.

Please mark the relevant box below to indicate your relationship to the participant

Child representative

Plan nominee

Legally appointed decision maker

Surname:

Given name(s):

Relationship to participant:

Address:

Phone number:

Email:

What is your or your representatives preferred method of contact?

Email

Phone

Mail

Do you or your representative need an interpreter to support us to communicate with you?

No

Yes, language:

Giving consent

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

The National Disability Insurance Agency (NDIA)?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	
Your medical practitioners and health professionals?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	
Your School?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	<input type="checkbox"/> N/A
Your workplace?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	<input type="checkbox"/> N/A
State and Territory government departments?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	
Members of my Family and or Friends?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	
Service providers?	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent	

Is there anyone or any providers that we must not speak to or share information with, except when required to by law?

Name of person and/or organization:

Third party details & consent for NDIA Communication

I consent to the NDIA giving information about me (or the participant I am representing who is identified in this form), to the following organisation.

Organisation	<i>Marli and Moe Support Coordination - MM Disability PTY LTD - 405008675</i>
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Please mark the relevant boxes below to indicate the information you give the NDIA consent to share with Marli and Moe

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my Carers
- Details about my Informal supports
- Details about my Service providers

My NDIS information

- The assessments and reports held about me by the NDIA
- My NDIA Access Request Form
- A copy of all parts of my current NDIS Plan
- A copy of my current NDIS Plan's Goals and Aspirations
- A copy of my current NDIS Plan's funding and support
- My NDIS Contact

Please mark the relevant boxes below to indicate the purpose of your consent for us to share this information

- My NDIS Access request
- To review my NDIS plan
- To implement my NDIS plan
- To review a decision made by the NDIA
- To discuss an enquiry, complaint or feedback
- To discuss a provider payment query
- To discuss a provider quote
- To discuss an Administrative Appeals Tribunal request
- To discuss compensation I am or will be receiving

Please mark the relevant box below to indicate the length of time you are providing the consent for

- Ongoing
- For the duration of my current NDIS plan

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. You can find this information on the NDIS website ([ndis.gov.au/privacy](https://www.ndis.gov.au/privacy)).

I understand I have given the NDIA consent to give information about me to the third party or parties I have listed on this form so they can take the identified action/s on my behalf.

- I understand I can obtain further information about how Marli and Moe handles my personal information by requesting their Privacy Policy.
- I understand I have given Marli and Moe consent to ask for information about me and share my information with third parties.
- I understand I can withdraw or amend my consent at any time.

Name:

Date:

Signature: