

Consent to share information with my Support Coordinator

The purpose of this form is to provide consent for Plan Partners to share your NDIS plan information and Dashboard access with your Support Coordinator.

Please fill in this form in its entirety, incomplete forms will not be accepted.

Participant details:

First Name:

Last Name:

Date of Birth (dd/mm/yyyy):

NDIS Number:

As the: participant **OR** plan nominee **OR** legal guardian

I consent for Plan Partners to share the following information and Dashboard access with my Support Coordinator (as stated below).

I consent for Plan Partners to:

1. Share and send information about my NDIS plan and budgets.
2. Allow access to my online Plan Partners Dashboard.
3. Communicate information about my NDIS plan via phone and email.

Please complete the details of the person you're giving consent to.

Support Coordinator details:

First Name:

Last Name:

Company/Business Name:

Company/Business Postcode:

ABN:

Phone:

Mobile:

Email:

Please turn over for more.

Level of consent:

Which level of consent would you like to choose? Please choose one of the options below.

Please provide consent to my Support Coordinator only **OR**

Please provide the above consent to other Support Coordinators from the same organisation. In the event that my Support Coordinator is temporarily unavailable or on leave. *Note: This consent will cease if the Support Coordinator leaves the organisation, or is no longer working as your Support Coordinator.*

Declaration of consent:

I understand that I have given consent to Plan Partners to release information to the nominated Support Coordinator, as per the level of consent chosen above.

I understand that I can withdraw consent to share my information at any time by contacting Plan Partners via email or phone.

I understand that consent will continue until Plan Partners are notified of a change. It is my responsibility to update Plan Partners should there be a change in circumstances.

Important: This form can only be signed by the participant, plan nominee or legal guardian.

First Name:

Last Name:

Email:

Phone:

Date (dd/mm/yyyy):

Signature:

Read our [Privacy Policy](#)