Form: Individual Consent to Obtain and Share Personal Information

Note: This form will remain with Achieve Australia for their records. It will expire two years after you leave the service, or at any time earlier if requested by you. You do not have to give your permission if you do not want to share your information. If you give us permission and then decide that you don’t want us to share your information anymore, you can withdraw your consent by contacting us. You can do this in writing or verbally.

* It is the legal obligation of Achieve Australia to ensure all your personal information collected by us is stored securely and shared only with relevant individuals or organisations nominated by you. Please be assured that all information is dealt with discretion, confidentiality and a need to know basis only. Such information will only be released for the purpose of assisting us to better support you with your wellbeing, NDIS planning and other related needs.
* Below is a checklist of organisations / people which we may need to share your personal information with, as well as the type of information we may need to share.
* By signing the form and ticking yes or no will let us know whether you would like us to share your personal information with that person or that organisation.

Steps to follow

1. Read the form first
2. If you need assistance understanding this form please ask a family member, friend, advocate or the Achieve Australia representative working with you
3. Fill in the form
4. If you agree, sign the form

Part A – Participant Details

Note: If you are NOT the participant and you are a child representative, plan nominee or legally appointed decision maker, please complete this section about the participant you are representing.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Date of Birth |  |
| NDIS Participant No |  | Preferred Contact No |  |

Part B – Child representative, plan nominee, legal appointed decision maker details

Note: If you are NOT the participant and you are a child representative, plan nominee or legally appointed decision maker, please complete this section about the participant you are representing.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Date of Birth |  |
| NDIS Participant No |  | Preferred Contact No |  |

Please provide your details in this section if you are completing this form on behalf of a participant

* under 18 years for whom you have parental responsibility, or a child representative
* for whom you are a plan nominee, or
* for whom you are a legally appointed decision maker (for example, a guardian).

The NDIA 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Representative Full Name |  | | |
| Preferred Contact Email |  | Preferred Contact No |  |

Below is a list of Organisations/Individuals which at times require access to your personal information. Please tick the relevant boxes according to the organisation or individuals you give us permission to exchange information with.

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation/Individual | Brief Explanation | Type of information to be shared | To be shared |
| Achieve Australia | Information to relevant staff only to facilitate the effective provision of service to you. Relevant people such as your Social Educators and their Managers, specialists and sometimes Volunteers if they directly assist you. | * Personal details * General support, information, medical/healthcare needs and results, specialist support, individual plans, financial/budget, reports relating to your support | Yes  No |
| National Disability Insurance Agency Provider (NDIS) Portal | Sharing your NDIS Plan in full on the Provider Portal will enable all your registered providers to have a better understanding of what you want to achieve and enable them to support you to achieve your goals and objectives. It also enables them to understand what you are doing with other people and organisations to achieve these goals and objectives. Your Social Educators and their Managers, specialists and sometimes Volunteers if they directly assist you. | * Your address * Your contact details including your telephone number and email address * Your preferred method of contact and correspondence. E.g. If you prefer to only be contacted by email * Your NDIS Plan and your NDIS Funded Support Budget financial/budget, reports relating to your support | Yes  No |
| National Disability Insurance Scheme (NDIS) Plan Manager or Planner | A Plan Manager who either works for the National Disability Insurance Agency (NDIA) or an NDIS registered Plan Manager who has been chosen by you to help manage your NDIS Plan and NDIS Plan Budget.   * Name of Plan Manager * Contact Details | * Personal Details * General support information, medical/health care needs and results, specialist support * NDIS Plan, NDIS Plan Budget, reports relating to your support * Statement of services – outlining what supports agreed between participant and provider and cost of supports | Yes  No |
| NSW Health Continuity of Support clients (CoS) | Government Department which sets the guidelines and provides funding to Achieve Australia to deliver services to some customers of Achieve Australia. | * Personal Details * General support information relating to service provision * participant and provider and cost of supports | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Support Coordinator | Achieve Australia may exchange information with your nominated Support Coordinator to discuss any aspect of your support. | * Personal details * General support information * Medical/health care needs and results * Specialist support * Individual plans * Financial/budget reports relating to your support | Yes  No |
| Advocate(s) | Achieve Australia may exchange information with your nominated advocate who may wish to discuss with us on your behalf any aspect of the service you receive.   * Name * Contact Details * Name * Contact Details | * Information requested by the Advocate on your behalf | Yes  No |
| Person Responsible/ Guardian  or NDIS Plan Nominee | Achieve Australia may exchange information with your guardian or Person Responsible at their request | * General support information * Medical/health care needs and results * Specialist support * Plans, reports relating to your support | Yes  No |
| Quality Assurance Auditors | Independent Auditors who perform a check on your files to  see if Achieve Australia is managing information correctly | * All documents in your personal file | Yes  No |
| Medical /Healthcare Specialists | Achieve Australia may exchange information with specialists to make sure we are doing everything we can to support you toward achieving your outcomes. | * Reports * Frequency charts * Data collection * Medical/health care needs and results * Medication. | Yes  No |
| Educational Institutions | Achieve Australia may exchange information with educational institutions you have attended to gain insight into your learning needs. | * Your educational performance, support and requirements | Yes  No |
| Friends/family members and other important people in your life (informal supports) | Achieve Australia recognises the vital role informal supports play in supporting people with disability, including participants who use our services.  Where chosen Achieve Australia will assist your informal supports obtain information where you choose.   * Name * Contact Details * Name * Contact Details * Name * Contact Details * Name * Contact Details | * Friends/family members and other important people in your life (informal supports) | Yes  No |
| Other |  |  | Yes  No |

Acknowledgement

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| I | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert your name) |

have been explained by an Achieve Australia representative the reasons for obtaining and releasing the information above and understand how it will be used by Achieve Australia. I give consent to Achieve Australia to obtain and release information about me to the above areas. I believe and understand that they will act diligently and respectfully in all areas of release of confidential information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant Name |  | Signature |  | Date |  |
| Name of Child Representative/Plan Nominee/Legally Appointed Decision Maker |  | Signature |  | Date |  |