



Consent to share information

Consent to Share enables a client to give signed consent for LEAD PLAN MANAGER employees to discuss personal and plan information over the phone or via email with additional parties such as Secondary Contacts (your parent, a co-parent/guardians, grandparents, close friends etc), Support Coordinators or others.

Only you (LEAD PLAN MANAGER client), your Guardian or Authorised Representative may give consent to share. The information we share can include your current budget amounts, information about recent invoices and providers you have engaged, client details and representative contact details. You can tell us what you want to share.

Giving additional parties consent to access our personal information is purely optional and will not affect our services. You have, the ability to add or remove people to your Consent to Share list in the future.

Participant Name	
NDIS Reference Number	

I, _____

(the client or the name of the guardian or authorised representative to act on behalf of the client), hereby consent to LEAD PLAN MANAGER sharing information my/the NDIS plan with the following parties:

Secondary Contact (eg: your parents, co-parent/guardians, grandparents etc)

Name	
Phone Number	
Email	
Relationship to Participant	

Please tick relevant information to share:

- Client Name and NDIS Number
- Plan balances, spending and dates
- Client/Representative contact details
- Confirmation of service provided

Support Coordinator (if applicable)

First Name	
Last Name	
Phone Number	
Email	
Company (if applicable)	
ABN	

Please tick relevant information to share:

- Client Name and NDIS Number
- Plan balances, spending and dates
- Client/Representative contact details
- Confirmation of service provided

Additional Contact (eg: your parents, co-parent/guardians, grandparents etc)

Name	
Phone Number	
Email	
Relationship to Participant	

Please tick relevant information to share:

- Client Name and NDIS Number
- Plan balances, spending and dates
- Client/Representative contact details
- Confirmation of service provided

AUTHORITY AND DECLARATION

I declare that I have the authority to approve this consent to share form in the following capacity as:

- The client
- A parent of the client who is under 18 years old
- A Guardian/Authorised Representative of the client

Client, Guardian/Authorised

Representative Full Name

Client, Guardian/Authorised

Representative Signature

Date

You may revoke these permissions at any time by sending written notification to LEAD PLAN MANAGER at admin@leadplanmanager.com.au



REGISTERED
NDIS
PROVIDER