

## CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION



I, \_\_\_\_\_ (print full name) give consent to Recoverycare Australia to collect the personal information of \_\_\_\_\_ (participant's full name), DOB \_\_\_\_\_, NDIS Number \_\_\_\_\_, for the implementation of the NDIS plan, and to administer, evaluate and monitor its services and activities.

If required, I give consent to Recoverycare Australia to disclose this information to:  
(Please tick the relevant person's/agencies)

- Australia Health
- The NDIA\*
- NDIS Support Coordinators
- General Practitioners
- Allied Health Professionals
- Public Trustee and Guardians
- Next of Kin
- Emergency Services for the benefits of its consumers\*

I know I can withdraw my consent at any time, either in writing or verbally informing the Wellcare Australia management team.

This consent ceases to have effect when the participant/staff leaves the program, or 12 months from the date of signing (whichever comes first).

### This consent form was completed by the:

- NDIS Participant
- Guardian or another responsible person

Client/ guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

**Disclaimer:** \*Due to duty of care obligations Recoverycare Australia cannot provide support to participants who withhold consent to release personal information to the NDIA and emergency services.