



## CONSENT TO SHARE INFORMATION FORM

Please complete and sign this form to give Complete Plan Management permission to share your information on your behalf. The information we will share will depend on the permission you give us on this form. For example, you can agree to us sharing information to a third party about:

- you
- your plan or your funded supports
- your remaining budgets / request statements emailed to a third party

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 over the phone at (08) 8185 0003.

We will not share your personal information to anyone unless you have given your permission, or the disclosure of your information is required or authorised by law.

**Note:** You can provide your consent to share your information with only 1 person and/or organisation on this form.

Participants/Nominee Full name	
Participants Date of birth (DD/MM/YYYY)	
NDIS participant number	
Name of person/organisation permission is being given to	
Email of person/organization	
Phone of person/organization	

I \_\_\_\_\_ give consent for the above named to receive information from Complete Plan Management regarding the NDIS plan and/or plans of the named participant.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_