

Consent to share information with my Support Coordinator

Participant details:

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

| First Nan | ne: | |
|-----------------------------------|--|--|
| Last Nan | ne: | |
| Date of Birth (dd/mm/yyyy): | | NDIS Number: |
| As the: | participant or | plan nominee, |
| | for Plan Tracker to sh Coordinator (as stated | nare the following information and Portal access with my below). |
| 1. Share a 2. Allow 3. Comm | access to my online I nunicate information | n about my NDIS plan and budgets. Plan Tracker Portal. about my NDIS plan via phone and email. the person you're giving consent to. |
| Support | Coordinator detai | ls: |
| First Nan | ne: | |
| Last Nan | ne: | |
| Compan | y/Business Name: | |
| Compan | y/Business Postcode | ABN (if known): |
| Phone: | | Mobile: |
| Email: | | |

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. This will mean that in the event my Support Coordinator is unavailable or on leave, other Support Coordinators can continue to assist me.

Declaration of consent:

I understand that I have given consent to Plan Tracker to release information to the above 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 Tracker via email or phone.

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

Full Name:

Date (dd/mm/yyyy):

Signature:

Read our <u>Privacy Policy</u>

plantracker.com.au 1800 549 670

NDIS registration number: 4050012016

