



Purpose:

To record freely given informed consumer consent to share their information with a specific agency/s for a specific purpose/s.

Blue Goose will take reasonable steps to ensure the personal information we collect, use and disclose is current, accurate and relevant to what we do. We will only collect information that is applicable to providing a service to you and to ensure your safety and wellbeing.

Participant Details:

Participant (Full Name):	
NDIS Number:	
Address:	
Date of Birth:	
Participant's Nominee (Full Name):	

Information to be shared:

This request and authorisation applies to:

- All documents and information relating to my NDIS Plan including any and all information relating to services already provided or currently being provided;
- Plan Management information and transaction reports;
- Other (please specify):

I authorise information can be shared with potential services providers, government departmental staff, medical practitioners and the contacts as listed below:



Participant Authorisation:

The worker has discussed with me how and why certain information about me may be shared with other service providers; as above. I understand this and I give my consent for the information to be shared.

I request and authorise the abovenamed to release the participant's NDIS Plan, associated documents and/or other information relating to the participant to:

**BLUE GOOSE Planning, Coordination & Counselling
445 David Street, Albury NSW 2640**

Signature of Participant: _____

Name of Participant: _____ Date: _____ *

Signature of Participant's Representative: _____

Name of Participant's Representative: _____ Date: _____ *

***This authorisation expires 12 months from date of signing**