



## Participant Consent Form

I, Natalie Doreen Clark, Trading/As Blue Wren Pathways (#4050171530); or any contractor under their brokerage agreement with Blue Wren Pathways, under your NDIS plan, will work closely with other agencies and providers to coordinate the best support for you. This means your informed consent for the sharing of information will be sought and respected in all situations unless:

- we are obliged by law to disclose your information regardless of consent or otherwise and if it is unreasonable or impracticable to gain consent or consent has been refused; and
- the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.

I, \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
(Participants name) (Participants NDIS No.) (Participants DOB)

, hereby acknowledge and consent that Blue Wren Pathways has advised me of the following:

- my right to access my personal information; and
- my right to withdraw my consent at any time.

I understand that the following service(s) are recommended and relevant information about me may be forwarded to the agency(s)/provider(s) that provide these services, in order that I receive the best possible service:

In addition to these, we may also share your personal information with:

1. Funding providers including the NDIS, NDIA and others (if relevant)
2. your doctor, school, workplace, hospital, and other NDIS providers
3. government and regulatory bodies, including the National Disability Insurance Agency, Medicare, other state-based disability government agencies, and the Australian Taxation Office
4. NDIS approved auditors for the purposes of undertaking audit and other quality assurance activities in respect of, and related, to Blue Wren Pathways obtaining or maintaining registration as a NDIS registered provider. As a Participant, you will be automatically enrolled in NDIS audits. However, you may opt out at any time.
5. people acting on your behalf including their nominated representatives, legal guardians, executors, trustees and legal representatives
6. the Police, or to the Disability Services Commissioner, or to comply with compulsory notices from courts of law, tribunals or Government Agencies
7. Plan Managers and financial institutions for payment processing
8. others, without your consent, if we are required by law to do so
9. other persons as specified in our Privacy and Dignity Policy.

- I understand that Blue Wren Pathways will collect, store, disclose, and use the information collected. Blue Wren Pathways will also destroy my information as required by legislation.
- I understand that Blue Wren Pathways must comply with relevant privacy laws, and I will contact the organisation immediately if I feel that these laws have been breached.
- Blue Wren Pathways has discussed with me how and why certain information about me may need to be provided to other service providers.



- I understand the recommendations, and I give my permission for the information to be shared with the people or agencies as detailed above.
- You agree the information to be shared with appropriate authorities such as allied health professionals, etc.

Blue Wren Pathways has discussed with me, and I understand that Blue Wren Pathways may:  
 **Take**       **NOT Take**: any Photos/Video/Voice recordings during the time my service is being provided.

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Signature of Participant or Parent/Caregiver: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to participant (Nominee/Guardian): \_\_\_\_\_

Signed on behalf of BWP: \_\_\_\_\_

Name of Staff Member: Natalie Clark

Position of Staff Member: Support Coordinator, Founder

Date: \_\_\_\_\_