

## Participant consent for use and disclosure of personal information

The personal information you are asked to provide, as listed in POWA Care Connections, is collected to determine your eligibility to receive services, the kind of assistance you are entitled to and the level of funding the service provider receives for providing you with services.

POWA Care Connections is required to disclose some or all this information to NDIS and/or to another organisation. POWA Care Connections may also disclose your personal information to another service provider if you commence working with another service provider. Disclosure to other government departments, government authorities and researchers may also occur for the purpose of ensuring that you are provided with good quality services and assistance. If you are a NDIS participant, your personal information may be used to give you the services and/or payments that you need.

I \_\_\_\_\_ (Participant /Participant's Representative), Relationship  
\_\_\_\_\_ with NDIS Number \_\_\_\_\_ and address  
\_\_\_\_\_

➤ hereby give consent to POWA Care Connections to exchange information either verbal and/or written and/or recorded material in audio and/or visual format, in relation to my assessment to / from:

- POWA Care Connections Manager and Authorised persons
- Psychologist
- NDIA / NDIS
- Family members
- Health practitioner i.e., nurse, family doctor/General Practitioner or medical specialist
- Support Coordinator / Case Manager
- Quality Systems Auditor(s): File review and interview
- Prospective and existing Support workers
- Other

➤ Hereby agree and give my full consent to POWA Care Connections who have been trained and deemed competent in medication support and/or administration to aid with their medication as outlined below [insert whether medication support and medication administration is being provided and the type of medications e.g., oral medications, liquid medications, patches etc]:

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**Participant's or Participant's  
Representative's Signature**

**Date**