

In order to process your request for information, please complete this Right to Information Request Form and email to info@abletowellbeing.com.

You are able to make a request to access your personal and health information that is held by us. You may be charged a reasonable cost for actioning your request, and the cost will be made known to you prior to processing your request so you are aware of the costs. In order to access information, you will be required to provide proof of identity, and you must either be the participant/client making the request, or the person make the request must be a representative or authorised by the participant/client to make the request. This ensures we are only sharing information with authorised people.

Client/Participant details:

Name:		Date of Birth:	
NDIS/ My Aged Care participant number:		Other client/reference number if relevant:	
Address:		Mobile number:	
Home number:			
Email address:			

Representative / plan nominee / legally appointed decision maker:

Please only fill out the below section if the participant/client:

- Is under 18 years of age and you have parental responsibility, or are a child representative
- You are a plan nominee
- You are a legally appointed decision maker e.g. a guardian

Name:		Date of Birth:	
Address:		Mobile number:	
Home number:			
Email address:			
Please supply evidence that you are the representative / plan nominee / legally appointed decision maker:			

Requested information:

<p>Please provide a description of the information you are requesting. Please be specific in the information you requiring including dates, who was the author of information, what the information is about e.g. report from Occupational Therapist for electronic chair on 03/05/2023.</p>

Agreement:

I have read and understood the Privacy Policy and Privacy Collection Notice. I willingly grant permission for the release of the information requested. I understand that this request may be denied under reasonable grounds. I agree to the fees quoted for the supply of this information.

Client/participant and/or representative:

Client/Participant name: _____

Client/Participant signature: _____ Date: _____

And/Or

Representative of Client/Participant name: _____

Representative of Client/Participant signature: _____ Date: _____