**CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

I, ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name) give consent to Recoverycare Australia to collect the personal information of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s full name), DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NDIS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the implementation of the NDIS plan, and to administer, evaluate and monitor its services and activities.

If required, I give consent to Recoverycare Australia to disclose this information to:

(Please tick the relevant person’s/agencies)

[x]  Australia Health

[x]  The NDIA\*

[x]  NDIS Support Coordinators

[x]  General Practitioners

[x]  Allied Health Professionals

[x]  Public Trustee and Guardians

[x]  Next of Kin

[x]  Emergency Services for the benefits of its consumers\*

I know I can withdraw my consent at any time, either in writing or verbally informing the Wellcare Australia management team.

This consent ceases to have effect when the participant/staff leaves the program, or 12 months from the date of signing (whichever comes first).

**This consent form was completed by the:**

[ ]  NDIS Participant

[ ]  Guardian or another responsible person

Client/ guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer:** \*Due to duty of care obligations Recoverycare Australia cannot provide support to participants who withhold consent to release personal information to the NDIA and emergency services.