**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)

Australia Health

The NDIA\*

NDIS Support Coordinators

General Practitioners

Allied Health Professionals

Public Trustee and Guardians

Next of Kin

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.