

**Velvet Care Plan Management**  
ABN 69 653 349 332  
17 Provident Ave  
GLYNDE SA 5070



## Consent to Share Information

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Velvet Care Plan Management Pty Ltd ('Velvet Care') collects and stores information (*including personal information*) as per Velvet Care's Privacy Policy that is essential to provide services, and for reporting and accountability requirements.

Velvet Care recognises the rights of Participants to access, update and correct their information, as described in detail in the Velvet Care Privacy Policy.

### Participant Details:

<b>Name</b>	
<b>NDIS No.</b>	
<b>Date of Birth</b>	
<b>Gender</b>	M / F / Prefer Not to Say (Please circle)
<b>Residential Address</b>	
<b>Postal Address</b>	
<b>Contact Phone Number</b>	
<b>Email</b>	

### Nominee Details:

<b>Name</b>	
<b>Relationship to Participant</b>	
<b>Residential Address</b>	
<b>Postal Address</b>	
<b>Contact Phone Number</b>	
<b>Email</b>	

## Consent to Exchange Information

I/We recognise that different agencies provide different (Participant's/Representative's/Nominee's Name) services and benefits to Participants and their Representative/Nominee and gather/have specific information in order to provide those services and benefits.

I/We hereby consent to Velvet Care communicating and exchanging information with the National Disability Insurance Scheme/Agency in relation to the Participant's NDIS Plan which includes goals, funding and any other information that may be relevant in the provision of services by Velvet Care.

I/We hereby consent to Velvet Care communicating and exchanging information with the following list of Providers and any additional providers as advised throughout the duration of the Service Agreement in relation to the Participant's NDIS Plan which includes goals, funding, service agreement and any other information that may be relevant in the provision of services by Velvet Care.

## Service Providers

Name of Provider (Personnel, Role, Organisation)	Phone Number	Type of Information

## Acceptance

If the Participant is under 18 years of age or unable to sign independently, the authorised Nominee/Representative must sign.

You will be contacted by Velvet Care to renew your consent from time to time. You can update or withdraw consent at any time by notifying Velvet Care in writing.

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*Signature of Participant/Participant's Representative/Nominee*

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*Name of Participant/Participant's Representative/Nominee*

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