

CONSENT TO SHARE INFORMATION

LotUs Assist will work closely with you and other service providers, organisations and agencies to coordinate the best support for you and your family. We ask for your informed consent to share information about you, if we consider that it is reasonable and practicable to do so.

Proposed Information to be shared

I understand and give consent to LotUs Assist Pty Ltd to use and retain information and to disclose information if required and as deemed necessary with service providers and/or mental health agencies to assist me.

I consent to my contact details being supplied to providers/agencies for the purpose of arranging relevant supports and service agreements (adhering to the Privacy and confidentiality policy). This is including, but not limited to, name, address, NDIS number, phone number, email address, assessments, reports, funding limits, budgets and NDIS plan.

I agree **YES** **NO**

If you do not want this to happen, you do not have to give your permission.

I understand, if after signing this form, I decide I do not want LotUs Assist to have permission anymore, I can withdraw my consent at any time.

I DO NOT want my information exchanged with the following organisations / agencies:

| Name of service provider/agency/person | Service type | Type of information and purpose for not sharing (including limits as applicable) |
|--|--------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Record of Consent

Written Consent

| | |
|--------------------------------------|------------------|
| Participant Name: | |
| Plan Nominee / Guardian Name: | |
| Signature: | Date: |
| Address: | |
| Date of Birth: | Phone No: |
| LotUs Assist Representative: | |
| Signature: | Date: |
| Position: | |

| |
|----------------------------------|
| Other information (if necessary) |
| |
| |
| |
| |
| |
| |
| |
| |
| |

OFFICIAL: Sensitive