

Consent for Developing Links to Share Information Agreement (Professional)

I, _____ (Participant) give consent for **Developing Links** to share and receive relevant/necessary information with the professionals and institutions listed below, as part of the provision of service for:

Participant Name:
NDIS Number:

ORGANISATION	CONTACT PERSON	CONTACT DETAILS

This will enable **Developing Links** to communicate with the professionals and institutions which have provided you with a service and consequently ensure that the participant and the family's best interests are being pursued. In addition to this, it will allow **Developing Links** to connect families and participants to relevant/necessary service providers.

This authority is approved within the current NDIS Plan writing.

or if revoked in

Written Client Consent

Or

Verbal Consent

My worker has discussed with me how and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed : _____

Date: / / _____

Signed by: Client OR Authorised Representative

Name: _____

Witnessed: _____

Workers Use Only

Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed referrals with the client or authorised representative and I am satisfied that they understands the proposed uses and disclosures, and have provided their informed consent to these.

Signed: _____

Name (Worker): _____

Date: _____

Position: _____

If you have any questions regarding this agreement, please do not hesitate to contact us at support@developinglinks.com.au or by calling our administration staff on 1300 100 556