

### 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](mailto:support@developinglinks.com.au) or by calling our administration staff on 1300 100 556