

Consent to Share Information with Your Support Coordinator

PURPOSE OF THIS FORM:

This form tells Essential Plan Support Services (EPSS) whether we are allowed to share your personal and NDIS plan information with your Support Coordinator, in addition to you and any appointed NDIS nominee(s). Only NDIS participants or people with legal authority may give consent.

What information may be shared

EPSS will only share information that is reasonably necessary for plan implementation, coordination, and financial administration, including:

- personal and contact details
- NDIS plan details and funding levels
- invoice and payment information
- details of providers and services you have engaged

Your information will not be shared beyond the people listed on this form unless further consent is provided or required by law.

How information may be shared

Information may be shared by phone, by email, or through Entiprius Easy-Care, using secure systems where required.

Your choice and control

You choose whether or not to give consent. You do not have to agree to share your information. You can change or withdraw your consent at any time.

Who should I give consent to?

OPTION 1

My Support Coordinator and employees of their company

This means EPSS can share your information with your Support Coordinator and other relevant staff within their organisation where required for service continuity. This option may reduce delays but means more than one staff member may access your information when necessary.

OPTION 2

My Support Coordinator only

This means EPSS can share your information only with the individual Support Coordinator named on this form. If they are unavailable, there may be delays in processing invoices or resolving issues.

Support Coordinator Details

Name		Phone Number	
Company			
Email			

Changing or withdrawing your consent

You or your representative can change or withdraw consent at any time. Once EPSS receives your request, information sharing will stop as soon as reasonably practicable. Contact EPSS on:

0474 329 544
admin@essentialplan.com.au

Consent duration

This consent applies to the participant's current NDIS plan and any subsequent NDIS plans, unless it is withdrawn earlier.

Participant Details

Full Name	
NDIS Number	



Authority and Consent Signature

I declare that I have the legal authority to approve this consent.

I am signing as:

NDIS participant

Parent or guardian of an NDIS participant under 18 years of age

Plan nominee / Legal Guardian

Name		Date	
Signature			