



## HiCom Care

Suite 207/1 Thomas Holmes Street,  
MARIBYRNONG VIC 3032  
Ph: 0480 305 919  
Mob: 0400 702 515  
Email: [admin@hicomcare.com.au](mailto:admin@hicomcare.com.au)

# CONSENT FOR THIRD PARTY TO ENGAGE HICOM CARE

HiCom Care is an independent plan management that focuses solely on providing the highest quality of care that we can for every one of our NDIS participants, while maximising each client's choice and control.

Please note that a participant has chosen HiCom Care NDIS Plan Management to manage their NDIS Plan, and as plan managers, we value each participants choice and control, so we ensure that any action being taken in your name is secure and verified.

If you would like to give a third-party permission to engage HiCom Care services on your behalf, please fill out the below form. If you fill this form, **the third-party listed will be able to sign the service agreement with us on your behalf.**

## Scope

The scope of this form will include the following consent:

### Consent for a Third Party to sign the HiCom Care Service Agreement on your behalf

- In the case that you cannot sign, you can pass on the consent for a third party to sign on your behalf so that we can take you on as a client

## Terms

### HICOM CARE

ABN: 88 631 926 148

HiCom Care is the trading name of HiCom Care Business, a Registered Provider of supports under the National Disability Insurance Scheme Act 2013 (Cth) (the NDIS Act).

HiCom Care delivers its NDIS services under this consent exclusively through ABN number 88 631 926 148

### NDIS/NDIA

The National Disability Insurance Scheme is called the NDIS and was established under the NDIS Act. The National Disability Insurance Agency (NDIA) is the organisation which manages the NDIS.

The NDIS aims to:

- support the independence and social and economic participation of people with disability; and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

# Parties

## PART A: PARTICIPANT DETAILS

Full Name	
Date of Birth	
NDIS Number	
Address	
Preferred Contact	Email:  Phone:

## PART B: CHILD REPRESENTATIVE / PLAN NOMINEE / LEGAL DECISION MAKER DETAILS

Please fill out the following if you are completing this form on behalf of the participant as the legal child representative, plan nominee, or legal decision maker. Mark the box below that matches your relationship with the participant:

**[\*Choose one that applicable\*]**

- Child representative
- Plan nominee
- Legally appointed decision maker

Full Name	
Address	
Preferred Contact	Email:  Phone:

## PART C: THIRD PARTY DETAILS

Organisation	
Your Role/ Relationship with the Participant	
Point of contact (Full name if any)	

<b>Preferred Contact</b>	Email:
	Phone:

**PART D: HICOM CARE**

<b>Phone</b>	0480 305 919 / 0400 702 515
<b>Email</b>	<a href="mailto:admin@hicomcare.com.au">admin@hicomcare.com.au</a>
<b>Address</b>	Suite 207/1 Thomas Holmes Street, Maribyrnong, VIC 3032

## Consent

**THE NDIS AND THIS CONSENT FORM**

This Consent to Share Information is made for the purpose of providing secure and safe support under the Participant’s National Disability Insurance Scheme (NDIS) plan.

The Parties agree that this Consent Form are made in the context of the NDIS, which is a scheme that aims to:

- support the independence and social and economic participation of people with disability, and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

**YOUR DECLARATION**

Please note that this consent is solely for the use of the following:

- a third party to sign the HiCom Care Service Agreement for you
- a third party to review and approve invoices for you.
- a third party to access the support coordinator’s tool (this includes your NDIS information & budget details)

We ask that you kindly outline in the ‘Additional Notes’ box, should you wish to opt out or add certain points to this agreement:

**ADDITIONAL NOTES:**

Duration of Consent This consent will be considered Ongoing until further notice by default.

If you would prefer this consent to apply to a Single-Use only, please tick the box below:

Single-Use

**SIGNATURE**

Participant and/or the Plan Nominee contact details:

Name \_\_\_\_\_ Date \_\_\_\_\_

**Signature:**

## **Privacy and Personal Information**

### **PERSONAL USE AND DISCLOSURES**

HiCom Care values the safety and security of each and every participant. Your personal information and this consent will not be used for any other purposes, besides that which is stated in this form. Information will NOT be shared or distributed with any other organisations or individuals excluding for the purpose of this form, without further consent from you.

### **PERSONAL INFORMATION STORAGE**

HiCom Care uses a secure software to store your personal information and details. Please note, relevant HiCom Care staff have the access to this information, however have the obligation and duty to use and manage this information responsibly and to not disclose it to any parties that have not been consented to prior. Any staff that are no longer with us, we can guarantee are responsible for handing over any data they may have and will no longer have access to the details and information saved in our system.