



HiCom Care

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HICOM CARE CONSENT TO SHARE

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 any information regarding you that we have in system, will remain private and secure.

If you would like to give HiCom Care the permission to share your information to a third party on your behalf, please fill out the below form. If you fill this form, **we will be authorised to share your information with the agreed upon organisation or individual as listed below.**

Please note that this is an ongoing consent that is valid until you are no longer an active client with us, if you would like to withdraw at any point in time, please contact us directly.

Scope

The scope of this form will include the following consent:

Consent for HiCom Care to Share your Information with a Third Party:

- Your Personal Information
- Your NDIS Information

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)	
Preferred Contact	Email: Phone:

PART D: HICOM CARE

Phone	0480 305 919 / 0400 702 515
Email	admin@hicomcare.com.au
Address	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 to share information can encompass the following points. We ask that you kindly outline in the ‘Additional Notes’ box, if you would like to make any changes (remove or add points etc.):

- My name, DOB, NDIS Number
- My address, email and phone number
- Details about my Informal Supports
- Details about my Service Providers
- Details regarding my NDIS plan
- My current invoices, status and content

ADDITIONAL NOTES

Please note down below any changes you wish to make to this agreement (remove or add points etc.):

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 to act 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.