



Camp Kiah NDIS Participants Consent to Share Information

Please use this form to give your permission (consent) for Camp Kiah to share your National Disability Insurance Scheme (NDIS) information with a person or an organisation who you choose. For example you might want to share some or all of your NDIS information with a family member who helps you to make decisions or with a provider you use regularly. Or you might consent to Camp Kiah liaising with other agencies that are part of your care team to provide systemic support for you.

You can give your consent to share information if you are;

- a participant,
- a child representative,
- plan nominee or
- legally appointed decision maker for an applicant or participant.

We will only share your personal information if you have given us consent to or if we are required or authorised to disclose your information by law.

You can withdraw your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

This consent will need to be signed and returned with a service agreement, booking confirmation or registration document.

Young person details (Participant details)	
Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Contact phone number	
Contact email	

Carer, guardian, parent, child representative, plan nominee, decision maker details	
Full name	
Relationship to young person	
Contact phone number	
Contact email	
I consent to Camp Kiah giving information about my young person to the people listed below	
Signature	
Date	

Consent to share

Below is a list of people that I am giving consent

Examples may include – School, Other respite options, Behaviour Specialist, Pediatrician, Plan Managers, Support Coordinators.

Name	Role/ relationship	Organisation	Contact information

We will share all of your information with the person or organisation you have chosen, unless you let us know what you don't want us to share.

My personal information

- My name, date of birth, NDIS participant number and NDIS participant status
- My address, email and phone number
- Details about my carers
- Details about my informal supports
- Details about my service providers
- Images of me, photos I am in, or have taken

My NDIS information

- Assessments and reports
- A copy of all parts of my current NDIS plan
- A copy of my NDIS plan's goals and aspirations
- A copy of my NDIS plan's funding and support

Any other information

- If so, please tell us what this information is below:

Sharing information without consent

In limited circumstances permitted by law, Camp Kiah can release information to a state or territory agency without a participant's consent. Camp Kiah can only release information in accordance with legislative requirements, including the NDIS Act and the Privacy Act 1988 (Cth).

All requests for protected information are assessed on a case-by-case basis and in accordance with the NDIS Act.

The state or territory agency must explain why they have not been able to reasonably obtain consent, why the information is required and what the information will be used for. Camp Kiah will then decide whether disclosure of the information to that state or territory agency is in the public interest.

Examples of when a state or territory government may request information without a participant's consent:

- Police are trying to locate a missing person, who is a Camp Kiah participant. The police make a request to Camp Kiah for information about the participant's plan that might assist their search.
- The parents of a child in contact with state or territory youth justice cannot be contacted. A child protection investigation is opened and the child protection agency makes a request to Camp Kiah, so that they can support the child to access their supports, or obtain an understanding of the young person's circumstances.
- A person admitted to a public hospital does not have capacity to provide consent and does not have a known authorised representative. The hospital makes a request to Camp Kiah, so that they can support the person to plan for discharge or contact emergency support.

I confirm that:

- I understand I can get further information about how Camp Kiah handles my personal information from the Camp Kiah administration Policy. You can request this information from your program coordinator.
- I understand I have given the Camp Kiah consent to give information about me to the third party or parties I have listed on this form so they can take the identified action/s on my behalf.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.
- I confirm the information provided in this form is complete and correct.
- I understand this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

Signature	
Name	
Date (DD/MM/YYYY)	