Consent to Share Information

Purpose

This form gives Smart Plan Services permission to share NDIS plan and budget information with your nominated Support Coordinator and other named parties.

Participant details

Full name: _____
NDIS number: _____
Date of birth: _____
Contact phone / email: _____

I consent to share with

Support Coordinator name: _____
Organisation: _____
Contact email / phone: _____

Information covered

- Plan budget balances and utilisation
- Invoices processed and outstanding
- Monthly plan management reports
- Plan review timelines and reminders

Duration & withdrawal

This consent remains in place for the life of my current NDIS plan unless I withdraw it in writing. I can withdraw consent at any time by emailing hello@smartplanservices.com.au.

Signature

Participant / nominee signature: _____
Date: ____ / ____ / _____

Privacy

Smart Plan Services handles personal information in accordance with the Privacy Act 1988 (Cth) and the NDIS Code of Conduct.