



PLAY GROW FLOURISH PTY LTD

NDIS Support services

Your Consent

Permission to Collect, Store and Disclose Related Personal Information

We always comply with State and Federal privacy laws, making sure that your personal information is kept confidential as much as possible. Under the NDIS law, we are required to keep some information for up to seven (7) years. This information is always securely stored via our data management system, to prevent unauthorised access.

Play Grow Flourish will have access to your information only with your expressed consent, but there may be times when other service providers or the NDIS Governing Body will also have access to your information to connect you with service and support providers or to follow things up on your behalf. Anything to do with your personal information will always be done together with you so that you are always informed about how your personal information is used unless your information is required by law. Under these circumstances your information may be shared without your consent.

Information can include data that is held in audio/visual format being photos or any other recorded material.

This consent form includes your permission for Play Grow Flourish to provide care/treatment described in the Goal Plan or Support Plan.

If you are comfortable with this, please sign the consent section below:

I have read and understood the Privacy Statement and Complaints information provided to me in my welcome pack. I know that I can contact Play Grow Flourish at any time to discuss my rights regarding privacy and feedback. I give consent to Play Grow Flourish to collect from and distribute to individuals and professionals who have also assisted with my service delivery, but only to the extent that it is relevant to my ongoing service delivery. I am aware that my personal information will be stored securely and treated confidentially and that I may withdraw this consent at any time by advising Play Grow Flourish in writing.



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Name of organisation or person	Contact Information	Signature	Date

Issue date: _____

Client Name: _____

Client Signature: _____

Date: _____

or

Nominee Name: _____

Nominee Signature: _____

Date: _____

☐ I wish to opt out of providing information for auditing purposes.

Got a query? We are here for you. If there is anything that you are not sure about, contact us at any time.