

Consent to Share information

NDIA will only share your personal information if you've given your consent to the NDIA to do so. Or, if we're required or authorised to disclose your information by law.

You can **take away** 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.

☒ I am giving consent to an organisation.

Organisation name	Ezy Media Group P/L T/A Optimum Plan Management
Key contact's first name	Sunday
Key contact's surname	Ehigie
Key contact's position title (if applicable)	Principal Plan Manager
Is this organisation an NDIS provider?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I am providing consent to share information with my plan manager, Optimum Plan Management about:

- ☐ my name, date of birth, NDIS participant number and NDIS participant status
- ☐ my address, email and phone number
- ☐ details about my service providers
- ☐ assessments and reports the NDIA holds about me
- ☐ a copy of all parts of my current NDIS plan
- ☐ a copy of my current NDIS plan's goals and aspirations
- ☐ a copy of my current NDIS plan's funding and support
- ☐ who my NDIS contact is and how to contact them
- ☐ a copy of all parts of any previous NDIS plans

- ☐ a copy of any previous NDIS plan goals and aspirations
- ☐ a copy of any previous NDIS plan funding and supp
- ☒ all the above

How long are you giving consent for?

- ☒ Ongoing (enduring)

I confirm that:

I understand I can get further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website. I can find this information on the [NDIS website](#).

I understand I have given the NDIA consent to give information about me to the third party or parties I have listed above on this form.

I understand that the third party or parties I have given consent to will be able to access my information and/or act on my behalf.

I understand I can take away or change my consent to share information and/or my consent 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 giving false or misleading information is a serious offence.

I understand this information is protected by law and the NDIA can only share it with someone else where Commonwealth law allows, or requires it, or where I give consent.

I have given my consent freely and no one has pressured me into doing so.

If we don't agree to your request, we'll let you know and explain why. Please refer to our [privacy policy](#) on our website

Please sign here to give your consent as indicated in this form.

Signature	Click or tap here to enter text.
Name	Click or tap here to enter text.
Date (DD/MM/YYYY)	Click or tap here to enter text.