

## AUTHORITY TO SHARE INFORMATION FORM

Resident's Details	
Name:	Date:

I, the undersigned, do hereby grant permission to Skymac Pty Ltd to collect and disclose information which is relevant to the support services provided. I understand throughout the provision of my regular and ongoing support, Skymac may use this consent as authority to collect and disclose my information to/from relevant third parties and agencies required to provide these support services.

Skymac may disclose my personal information to:

- Skymac related entities to facilitate internal business processes
- Commonwealth and State departments and agencies which provide funding for services (i.e. NDIS Auditing purposes, Office of Public Guardian, Public Trust, NDIA)
- Contractors and/or agencies who provide on behalf of Skymac
- Your NDIS registered Support Coordinator and/or your Plan Manager
- Other NDIS service providers who offer supports (i.e. Centacare, Endeavour)
- Health and allied health professionals who provide specialist support to facilitate the delivery or support services (i.e. GP, physiotherapist, hospitals)
- Third parties including Queensland Police Service, to help with identification in the case of missing persons, and
- Emergency medical and ancillary staff in an emergency.

I understand that it is my right to choose if specific organisations are excluded from accessing or receiving information Skymac holds about me. Therefore, by indicating in writing below, I **DO NOT** give authority to Skymac to contact or disclose my information to the following:

### Signature of Resident

\*Or signature of person acting on authority under Guardianship Administration Act 2000 or Powers of Attorney Act 1998 for the person named above, OR an Informal Decision Maker (must have an Informal Decision Maker Details Form-0071 signed) for the person named above.

Print Name

Signature

Date

### In the presence of (Witness)

Print Name

Signature

Date