|  |  |
| --- | --- |
| Participant Name |  |
| NDIS Number |  |
| Nominee Name (if applicable) |  |

I understand that Kyeema Support Coordination/Kyeema Support Services Inc (Kyeema) works closely with other support providers to co-ordinate the best support for me. To achieve this, Kyeema may request/be requested to exchange information about me with another support provider.

I understand that Kyeema complies with relevant privacy legislation and the standards set for dealing with personal information outlined in its Policy, Practice Guidelines and Procedures, which are available to me on request. I understand that under Australian law, there may be times that Kyeema is required to provide information about me to a government entity, with or without my consent.

I am happy for Kyeema to exchange my information with the providers I have selected below:

|  |  |
| --- | --- |
| Support Service providers (Including my Plan Manager)  Health Services | NDIA/NDIS  Other funding channels  Auditors |

I have read and understood the above information, or the above information has been explained to me and I agree to allow Kyeema to exchange my information with the selected support providers as selected above.

This consent form is valid 4 years from the date below. I understand that I (or my nominee) may choose to change the above consents at any time.

**Participant/Nominee Signature Date**