

Participant Consent Form

Name: _____

NDIS Number: _____

My NDIS Plan

- I authorise Healthy Mind to maintain a complete copy of my NDIS Plan in their records.
- I authorise Healthy Mind to retain complete copies of relevant documents in their records.
- I prefer Healthy Mind to retain solely the sections of my NDIS plan that are necessary for them, including plan dates, NDIS number, goals, funds management, and available budget.

Sharing your NDIS Plan – Only complete if services are for Support Coordination

External service providers may ask for a copy of your NDIS plan, goals, plan dates and funding.

- I decline to grant Healthy Mind permission to share my NDIS plan with external service providers, and I commit to handling this task myself as needed.
- I grant permission to Healthy Mind to furnish external service providers with a copy of my entire NDIS plan.
- I authorise Healthy Mind to share with external service providers the plan dates, NDIS number, goals, and confirmation of the allocated funding amount.

Withdrawing Consent

- I understand that I, the Participant / Participant's Nominee or Representative can withdraw or alter consent at any time, by contacting Healthy Mind.

- I understand that I have the right to ask to access information about me, in line with Freedom of Information.

Phone

Gawler (08) 8522 5042

Salisbury (08) 7078 646 325

Email

referral@healthymindaustralia.com

Letter or in person

3/3a Adelaide Road, Gawler South SA 5118

55 Park Terrace, Salisbury SA 5108

Picture/Social Media

Do you authorize Healthy Mind to capture, store, or collect photos, videos, or audio recordings of the participant throughout their involvement with our service?

Yes

No

Scheduled Audit

Healthy Mind is a registered NDIS Provider, which means at times auditing bodies may have access to files for quality assessment. Do you wish to opt out of this process?

Yes

No

Use of AI

Our organisation integrates AI to enhance service efficiency, accessibility, and support while maintaining compliance with Australia privacy laws. Do you wish to opt out of this process?

Yes

No

Participant Consent

By providing consent the Participant /Participant's Nominee understand that their information will be collected, used, and retained in line with Healthy Mind Privacy Policies which, upon request can be provided to you.

Written Consent

Participant / Participant Nominee or Representative Name : _____

Participant / Participant Nominee or Representative Signature : _____

Date: ____/____/____

Verbal Consent

Participant / Participant Nominee or Representative Name : _____

Time: ____ : ____ am / pm **Date:** ____/____/____

OFFICE USE ONLY

Healthy Mind Employee Name: _____

Healthy Mind Staff Signature: _____

Date: ____/____/____