

ALLIANZ NDIS PLAN MANAGEMENT

Allianz Consent to Share Information





Overview

Sometimes the NDIS participant, their nominee or authorised representative (all referred to in this form as an Authorised Party) may wish to give consent for Allianz* to share, provide access to, and/or disclose specific information about the NDIS participant with another party (Secondary Party).

The purpose of this form is to provide consent for Allianz to share, provide access to, and/or disclose this information to a nominated Secondary Party. This information includes personal and NDIS plan information.

Examples of a Secondary Party could include the NDIS participant's partner, a parent or co-parent, sibling, guardian, Support Coordinator, or any other party an Authorised Party nominates.

An Authorised Party can provide consent by completing the sections outlined below under the heading "Consent to share, provide access to, and disclose information".

Please note, an Authorised Party is under no obligation to provide consent to a Secondary Party. Further, if consent is provided, an Authorised Party can at any time:

- withdraw consent provided to a Secondary Party, and/or
- vary the consent provided in relation to a Secondary Party

by contacting us at ndis@allianz.com.au or calling 13 NDIS (13 63 47).

*In this form Allianz means Allianz Australia Insurance Limited and its staff and its related companies and their staff. If information is held by organisations that Allianz's contracts with to provide NDIS services, then any consent provided under this form to Allianz will extend to such organisations.

Consent to share, provide access to, and disclose information

Full name of NDIS participant: _____

NDIS number: _____

I, _____

(the Authorised Party), consent to Allianz sharing, providing access to and/or disclosing personal and NDIS plan information to the Secondary Party/Parties nominated below.

Your (Authorised Party) signature

Date

Secondary Party that is an individual

(e.g. partner, a parent or co-parent, sibling, guardian or any other party nominated).

First name: _____

Last name: _____

Phone number: _____

Email address: _____

Relationship to participant: _____

Please tick any additional relevant information to share, provide access to and/or disclose:

Monthly statements relating to the participant's NDIS Funding

Access to Allianz NDIS portal and information contained in the portal that I would normally have access to

(Note: if you wish to provide a different consent to the above options please contact us to discuss)

Do you need help with this form?

Please contact us on 13 NDIS (13 63 47) during business days Monday - Friday between 8AM to 6PM AEST or email ndis@allianz.com.au for assistance.

Additional Secondary Party that is an individual

(e.g. a partner, parent or co-parent, sibling, guardian or any other party nominated).

First name: _____

Last name: _____

Phone number: _____

Email address: _____

Relationship to participant: _____

Please tick any additional relevant information to share, provide access to and/or disclose:

Monthly statements relating to the participant's NDIS Funding

Access to Allianz NDIS portal and information contained in the portal that I would normally have access to

(Note: if you wish to provide a different consent to the above options please contact us to discuss)

A Secondary Party that is a Support Coordination provider or Local Area Coordinator [LAC].

If either the Support Coordination provider or LAC is not an individual you are providing consent to all staff members at the Support Coordination provider or LAC unless you nominate an individual staff member at the Support Coordination provider or LAC by placing their name in the place provided below. If you do this consent will only apply to this individual.

Name of Support Coordination provider or LAC:

If a company, its ABN: _____

Name of individual from Support Coordination provider or LAC representative (optional):

Phone number: _____

Email address: _____

Please tick any additional relevant information to share, provide access to and/or disclose:

Monthly statements relating to the participant's NDIS Funding

Access to Allianz NDIS portal and information contained in the portal that I would normally have access to

A Secondary Party that is an organisation or company

You can choose to provide consent to all staff members at the organisation or company. However, if you only wish to provide consent to an individual staff member please place their name in the place provided below. If you do this consent will only apply to this individual.

Name of company/organisation:

If a company, its ABN: _____

Name of individual from that organisation or company (Optional):

Phone number: _____

Email address: _____

Please tick any additional relevant information to share, provide access to and/or disclose:

Monthly statements relating to the participant's NDIS Funding

Access to Allianz NDIS portal and information contained in the portal that I would normally have access to

(Note: If you wish to provide consent to Allianz sharing, providing access to and/or disclosing the information with other Secondary Parties you have not listed above please contact us)

Thank you for choosing Allianz as your NDIS Plan Manager, we look forward to supporting you. If you have any questions about plan management with Allianz, you can visit our website www.allianz.com.au/ndis or get in touch with us via email or phone on 13 NDIS (13 63 47).

Once you have completed this form electronically please email; or scan a printed form and email to ndis@allianz.com.au or send by post to Allianz Australia Limited GPO Box 4049 Sydney NSW 2001.

Allianz Australia Insurance Limited (ABN 15 000 122 850)
registered Plan Manager (Registration ID 4050106692)
and is authorised to manage the funding for supports under
participants' plans as defined under section 42 of the NDIS Act.
Level 16, 10 Carrington St, Sydney, NSW 2000.

