

Consent to share information

This form allows Plan Care employees to discuss details about you with additional parties. These might include your parent or guardian, close friend, support coordinator or psychosocial recovery coach. Only a Plan Care client, or their representative, may give this consent.

If, at any time, you want us to stop sharing information with someone, or you want to limit the amount of information that we share, you can let us know by giving us a call on **1800 024 000**, or sending us an email to **hello@plancare.com.au**.

I give consent for Plan Care to share the information below with the following people:

- my approved, spent and remaining funding
- information about invoices my providers have sent
- my past and present service providers
- my contact details, or those of my representative if applicable.

I understand I can revoke this consent at any time by contacting Plan Care.

Name	Role	Contact Details

Client/Representative Name: _____

Client/Representative Signature: _____

Date: ___/___/_____

Questions?

We know you probably have lots of questions, so feel free to contact our friendly team any time.

Contact us at:

- T** 1800_024_000
- E** hello@plancare.com.au
- W** www.plancare.com.au