HiCom Care
Suite 207/1 Thomas Holmes Street,
MARIBYRNONG VIC 3032
Ph: 0480 305 919
Mob: 0400 702 515
Email: admin@hicomcare.com.au

CONSENT FOR THIRD PARTY TO ACT

HICOM CARE

HiCom Care is an independent plan management that focuses solely on providing the highest quality of care that we can for every one of our NDIS participants, while maximising each client's choice and control.

Please note that a participant has chosen HiCom Care NDIS Plan Management to manage their NDIS Plan, and as plan managers, we value each participants choice and control, so we ensure that any action being taken in your name is secure and verified.

If you would like to give a third-party permission to act with HiCom Care services on your behalf, please fill out the below form. If you fill this form, **the third-party listed will be able to act on your behalf regarding matters involving your plan management with HiCom Care.**

Scope

The scope of this form will include the following consent:

Consent for a Third Party to Act on Your Behalf with HiCom Care

- If you are unable to manage your Plan Management matters yourself, you may authorise a trusted third party to act on your behalf, including providing consent, signing documents where required, approving invoices, communicating and generally making decisions on your behalf regarding your Plan Management services with HiCom Care.

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Terms

HICOM CARE
ABN: 88 631 926 148

HiCom Care is the trading name of HiCom Care Business, a Registered Provider of supports under the National Disability Insurance Scheme Act 2013 (Cth) (the NDIS Act).

HiCom Care delivers its NDIS services under this consent exclusively through ABN number 88 631 926 148

NDIS/NDIA

The National Disability Insurance Scheme is called the NDIS and was established under the NDIS Act. The National Disability Insurance Agency (NDIA) is the organisation which manages the NDIS.

The NDIS aims to:

- support the independence and social and economic participation of people with disability; and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

Parties

PART A: PARTICIPANT DETAILS

Full Name	
Date of Birth	
NDIS Number	
Address	
Preferred Contact	Email: Phone:

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PART B: CHILD REPRESENTATIVE / PLAN NOMINEE / LEGAL DECISION MAKER DETAILS

Please fill out the following if you are completing this form on behalf of the participant as the legal child representative, plan nominee, or legal decision maker. Mark the box below that matches your relationship with the participant:

☐ Child representative

☐ Plan nominee

☐ Legally appointed decision maker

Full Name	
Address	
Preferred Contact	Email: Phone:

PART C: THIRD PARTY DETAILS

Organisation	
Your Role/Relationship with the Participant	
Point of contact (Full name if any)	
Preferred Contact	Email: Phone :

**Please note that this consent applies to all staff within the organisation. If you would like consent to apply only to the nominated point of contact, please specify this in the Additional Notes section above the signature area.*

PART D: HICOM CARE

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Consent

THE NDIS AND THIS CONSENT FORM

This Consent to Share Information is made for the purpose of providing secure and safe support under the Participant's National Disability Insurance Scheme (NDIS) plan.

The Parties agree that this Consent Form are made in the context of the NDIS, which is a scheme that aims to:

- support the independence and social and economic participation of people with disability, and
- enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

YOUR DECLARATION

Please note that this consent authorises your nominated representative to act on your behalf in relation to your Plan Management services with HiCom Care. This includes communicating with us, providing instructions, receiving information, signing documents where appropriate, approving or declining invoices, accessing relevant participant information required to support your Plan Management, and undertaking other routine administrative matters relating to your account. This authority applies only to your dealings with HiCom Care and does not extend to other organisations or services unless separately authorised.

We ask that you kindly outline in the 'Additional Notes' box, should you wish to opt out or add certain points to this agreement:

ADDITIONAL NOTES:

Duration of Consent

This consent will be considered **Ongoing** until further notice by default.

If you would prefer this consent to apply to a Single-Use only, please tick the box below:

☐ Single-Use

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SIGNATURE

Participant and/or the Plan Nominee contact details:

Name:_____. Date: _____

Signature

Privacy and Personal Information

PERSONAL USE AND DISCLOSURES

HiCom Care values the safety and security of each and every participant. Your personal information and this consent will not be used for any other purposes, besides that which is stated in this form. Information will NOT be shared or distributed with any other organisations or individuals excluding for the purpose of this form, without further consent from you.

PERSONAL INFORMATION STORAGE

HiCom Care uses a secure software to store your personal information and details. Please note, relevant HiCom Care staff have the access to this information, however have the obligation and duty to use and manage this information responsibly and to not disclose it to any parties that have not been consented to prior. Any staff that are no longer with us, we can guarantee are responsible for handing over any data they may have and will no longer have access to the details and information saved in our system.