



## Consent to Collect Information

Phone: 02 6056 6900 Email: [intake@aiim.com.au](mailto:intake@aiim.com.au)

The purpose of this form is to document a client gives consent to AIIM Choices to collect personal health information from service providers to support their application to the National Disability Insurance Scheme (NDIS).

- Health information cannot be released by your service providers about you without consent.
- Information collected may include details such as your symptoms, treatment, and lifestyle.
- Collection of this information is a necessary part of the NDIS application process.
- Your informed consent must be given prior to our commencing any contact with your service providers.
- Your personal information is protected by law, including the Privacy Act 1988 (Privacy Act)

CLIENT CONSENT			
<input type="checkbox"/> I agree to AIIM Choices collecting personal information from my health providers in accordance with this form.			
<b>Client's Full Name</b>			
<b>Client Representative</b>			
<b>Client/Representative Signature</b>		<b>Date</b>	
<b>Telephone (Home)</b>		<b>Mobile</b>	
<b>Email</b>			
<b>Interpreter Required?</b>			

Provider Contact Information	
<b>Name of Health Professional</b>	
<b>Organisation</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Comments:</b>	