



Lifestyle Solutions

Sharing information about you



Lifestyle Solutions

This form was written by Lifestyle Solutions.



This form is to ask you if we can tell the Centre for Positive Behaviour Support **information** about you. Things like

- your name
- your date of birth
- your NDIS plan number
- your phone number, email address
- your Working Together Agreement and Service Schedule
- your support plans.

We are being careful to keep information about you safe. We are



- following the law
- protecting your privacy.



We will only tell them things about you if you say we can.

It is your choice.



Do you say yes or no?



You say **yes** we **can** tell them things about you.

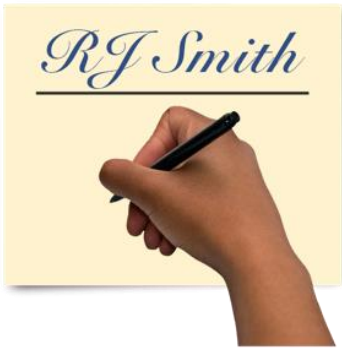
You sign the form.



You say **no** we can **not** tell them things about you.

You do **not** sign the form.

It is OK to say **no**.



Please sign your name if you said yes

It means we **can** tell the Centre for Positive Behaviour Support things about you.



Name:

Signature:



Date:



Representative (if required):

Name:

Signature:



Date:

Ways you can talk to us



Phone 1800 634 748



Email enquiry@lifestylesolutions.org.au



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This form was written by Lifestyle Solutions.
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