



Disability Specialists
Anneke Andrews (BOccThy, MHSc)
Senior Occupational Therapist
NDIS Provider: 4050010675
Mobile: 0478958900

Authority to Exchange Information

I, _____ Date of Birth ____ / ____ / ____

I give permission for Disability Specialists to contact the organisation / Individual listed below:

I authorise Disability Specialists to discuss, request, disclose information / documentations relating to me that is necessary for Disability Services to advocate on my behalf.

I understand that Disability Services will contact the above organisation / individual only on matters that relates to my advocacy issues/s.

I understand that I can withdraw my authority at any time by contacting my Advocate or Disability Services.

Copy Provided to Client / Decision Maker Copy Declined

Authority period valid up to 12 months

Signature of person authorising advocacy _____ Date _____

Print Name _____ Relationship _____

Internal Use Only:

- Client named - above Informal decision makers
- Nominated authorised person - copy of the Power of Attorney provided Yes No
- Legal Guardian - copy of the QCAT Order provided Yes/No

Authority cancelled ____ / ____ / ____

