



NDIS - AUTHORITY – NOMINATED PARTY

I hereby authorise (*“My Nominated Party”*):

Name: _____ DOB: _____

Partial Authority - to create, move and cancel appointments on my behalf. I give OGI Potential the authority to obtain/release information from/to “My Nominated Party” in relation to the scheduling of my appointments only. This does not include attendance or non-attendance records.

I am aware that if I, or “My Nominated Party”, cancel an appointment less than 2 business days before the scheduled time, or if I fail to attend an appointment that “My Nominated Party” has booked then a cancellation/non-attendance fee will be incurred. I agree I am responsible for any fees incurred for appointments scheduled by “My Nominated Party” on my behalf *.

or

Full Authority - to create, move and cancel appointments on my behalf. I give OGI Potential the authority to obtain/release information from/to “My Nominated Party” without limits.

Partial Authority

Full Authority

Name (Client): _____ DOB: _____

Signature: _____ Date: _____

** For further information regarding our fee structure and cancellation policy please visit our website.*