

# Conflict of Interest Declaration

Lifest HealthCare, as a NDIS registered organisation, is committed to providing you with the highest quality of support services. It is important to note that at times, Lifest HealthCare may recommend Support Coordination and/or therapeutic support services that are affiliated with our organisation. While these services may be affiliated with Lifest HealthCare, they operate independently and are not governed or controlled by our organisation.

You are under no obligation to select these affiliated services when they are offered to you. We strongly encourage you to conduct thorough research on the suggested service providers and discuss your options either with your Support Coordinator or by requesting assistance from Lifest HealthCare to select the provider that best suits your needs.

Should you have any further questions or concerns regarding the relationship between Lifest HealthCare and the therapeutic services or Support Coordination providers referred to you, please feel free to contact our Service and Compliance Manager, Jessica Ballard, at 1300 523 524 or via email at [info@lifesthealth.com.au](mailto:info@lifesthealth.com.au). If you remain dissatisfied with our response and wish to seek alternative assistance, you can contact the National Disability Insurance Agency (NDIA) by calling 1800 800 110, visiting one of their offices in person, or accessing their website at [www.ndis.gov.au](http://www.ndis.gov.au) for further information.

I, \_\_\_\_\_, understand that Lifest HealthCare is an independent organisation and may offer me services from its affiliated partners. However, I acknowledge that I am not obligated to engage their services unless it aligns with my preferences and needs. I am aware that I can voice any concerns or inquiries about the services I have engaged with my Support Coordinator or directly with the NDIA. I trust that any concerns raised will be investigated independently and in a timely manner.

## Acknowledgement

### Participant or Guardian/Plan Nominee:

Full Name	Relationship	Date	Signature
	<input type="checkbox"/> Participant <input type="checkbox"/> Guardian / Nominee <input type="checkbox"/> Other	// 20	
<i>If other, please advise:</i>			

### Lifest Representative:

Full Name	Position	Date	Signature
		// 20	

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