

consent form



what happens with your information at headspace?

headspace Katherine is a youth mental health service and a program of Anglicare NT. In providing you with our services, we need to collect some of your personal information. Privacy and confidentiality of your information is important to us. We are required to report unidentifiable information about you (age, amount of sessions, gender) to our funding body and to headspace National for research and quality improvement purposes. Please read this document carefully and talk to your clinician if you have any questions or issues before signing it.

- Your details and session notes are stored on our electronic medical record (EMR) called MasterCare. Access to this database is protected and secure to ensure your information is kept confidential and only used by relevant staff at headspace Katherine.
- You can request to see your Clinical records at any time, please note that this process can take up to 45 days to finalise.
- If you are seeking help in relation to alcohol and/or other drug use, your information may also be stored on the Top End Health Service electronic database. Access to this is protected by a password and organisation systems to ensure your information is kept confidential and only used by relevant staff at Top End Health.
- If we want to speak to another service or your family/carer/friend, or if you want us to speak to another service to assist in your treatment and care, we need your written consent. Please fill out the table below to provide this consent.
- Our policies conform to the Medical Records (Privacy and Access) Act 1997 and the Privacy Act 1988 (Privacy Act) and all other relevant Government laws and regulations.
- All staff sign a Client Confidentiality Agreement and must comply with the Australian Privacy Principles, Anglicare NT's employment policies and work within the ethical boundaries of their professional code of practice.
- If your Medicare card is required, some of your information may be passed onto Medicare. Please note that not all appointments require a Medicare card.

it has been explained to me that: (Please tick the following if it has been explained)

<input type="checkbox"/>	There are some instances where my clinician may have to break confidentiality to keep me or other people safe.
<input type="checkbox"/>	This is a voluntary service and I can choose to leave and come back at any time.
<input type="checkbox"/>	If I have any worries about the service I receive; I can talk to my clinician or contact the manager.
<input type="checkbox"/>	I understand that I have rights and responsibilities in accepting care at headspace and these have been explained to me and I have received a copy of the Welcome Pack outlining this.
<input type="checkbox"/>	I understand that my de-identified information may be used for research and quality improvement purposes.
<input type="checkbox"/>	I understand that I can withdraw my consent at any time.

I, (Young Person):

Date of Birth:

Of (Address):

give permission for headspace Katherine to collect and share information to assist in my current care and treatment.

I consent to headspace Katherine collecting and sharing information with the people listed below (and back page), to assist in my care and treatment

Name	relationship to you	information to be shared	contact details

family and friend's involvement:

I choose to nominate and involve family/carers/friends/others in my care: Yes No

I consent to my family/friends/carers being sent a copy of the Welcome Pack: Yes No

I do NOT consent for information to be shared with:

signature (young person):	date
signature (parent/guardian):	name
signature (headspace clinician):	date

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