

Collection and Use of Your Private Information

headspace Castle Hill collects your personal information for the purpose of providing quality health care and for administration purposes such as accounts. As we require your consent to collect this personal information, it is important that you read this document carefully and sign where indicated below.

We will use the information you provide in the following ways:

Medical/Psychological

You will be asked to give **headspace** some personal and medical details as well as some information about your family, so that your **headspace** worker can understand your situation and properly assess, diagnose, treat and plan your healthcare where required.

There may be situations where this may involve passing on some personal information to others involved in your care. For example, we may need to write to your GP with an update regarding your Mental Health Care Plan.

Administration

For administration and billing purposes for the effective running of **headspace** Castle Hill and to comply with Medicare and Health Insurance Commission requirements.

Data Collection (e.g. HAPI Surveys on iPad's)

For research and/or statistical purposes **headspace** Castle Hill provides non identifiable data (no names or personal contact details are provided) to **headspace** National. No individual can be recognised through this type of data.

Confidentiality

It is our wish to provide you with quality care and services. **headspace** Castle Hill has a policy to protect your privacy in compliance with privacy legislation. The provision of quality health care requires a **headspace** worker and participant relationship of trust and confidentiality. This is most successful when you feel as though you can tell us any information about your situation without feeling frightened or embarrassed.

For this reason, nearly all of the personal information that you choose to tell us will be kept confidential. This means that the things we talk about during our counselling appointments won't be shared with any other people without your consent. This includes family and friends.

Your safety and the community's safety are our primary concern.

However, there are 3 occasions where we **MUST** tell someone what you may have told us. These are:

1. If the safety of yourself or other people is severely threatened;
2. If you tell us about abuse or neglect of a child;
3. If our records are subpoenaed by a Legal Court.

Explanation of Client Consent

headspace Castle Hill will ensure the consent from the young person to participate in the service and for the collection of personal sensitive information is achieved. Attaining that consent will be part of the initial engagement with the young person to provide an explanation of the proposed course of action, any alternatives, and their pros and cons, to assist the young person to make an informed decision about whether to proceed.

The process of initial engagement and achievement of consent also starts the process of establishing the young person's expectations and needs.

Consent for involvement is generally possible for young people from 16 years of age (unless other factors impact on decision making capacity such as intellectual disability, Guardianship Orders, etc.). Consent is also possible for mature minors from around the age of 14 if the young person understands the nature of the matter they are consenting to, the pros and cons of offering consent, and the risks involved (known as Gillick competence). Whilst maintaining the focus of services and engagement, any young person under that age, may require a parent, guardian or other legally appointed substitute decision maker to provide formal legal consent. Such situations will always be dealt with sensitively to build a positive relationship with the young person and protect their privacy.

Flourish Australia (our Lead Agency) has established consent policies that apply to **headspace** Castle Hill. These cover consent to enter into Flourish Australia programs, the sharing of information with partner organisations and health care professionals, and consent for invasive (e.g. medical) procedures.

If you have any questions or concerns about providing consent for your own care and support, or providing consent for a young person in your care, please talk to a **headspace** staff member who will explain our consent process in detail with you.

Telehealth

The health and wellbeing of young people and their families is **headspace's** top priority. In response to the coronavirus and minimising in-person contact, we are our taking our **headspace** services online through telehealth; using video conferencing via Zoom and telephone services.

What is Zoom?

Zoom is a high-quality video conferencing service. Your clinician will use Zoom to provide telehealth services to you and your family where available. Your clinician will be located offsite and will be using Zoom to communicate with you/your family during the allocated time for your appointment.

How will Appointments Work?

Appointments will be scheduled and provided via real-time video on Zoom or telephone depending on your preference and what works best for your situation. If the appointment is over the phone, we will call you. Please be ready 10 minutes prior to your appointment to avoid missing time with your clinician.

For appointments to occur you will be required to:

- Discuss with the clinician your expectations of treatment delivered via telehealth.
- Choose a private well-lit room in your house to hold your appointment
- Complete pre and post appointment surveys online via email or on your mobile phone
- For Zoom: have access to a reliable internet connection and electronic device such as:
 - Mobile phone
 - Smart phone
 - Landline home phone
 - VOIP (Voice Over Internet Protocol)
 - Laptop (with a front facing camera for video calls)
 - Tablet (devices with a front facing camera for video calls)
- For Zoom: provide a **current email address** for **headspace** to provide you with a link to Zoom prior to the appointment.

Please be aware that email communication is not secure and should contain minimal personal information. Email is intended for administrative purposes such as the appointment link and sending/receiving worksheets between clinician and young people.

Your clinician and headspace will not make recordings of the appointments or use material from the appointments for purposes other than delivering a service to you and your family. We ask that you and your family do the same.

Cancellation Policy

We kindly request **48-hour notice** of any change or cancellation to your appointment so we can offer that time to another person and the clinician has enough time to prepare for this change. We will remind you of your appointments and if you cannot attend, please call, SMS, or email **headspace**.

Missed appointments prevent us from providing treatment to other young people. If you fail to attend an appointment with a psychologist after confirming, then no further appointments will be scheduled until your engagement and commitment to attendance is assessed by your Youth Access Clinician.

We have a full schedule of appointments and if you cancel your appointment with less than **24-hours'** notice on three occasions then no further appointments will be scheduled and another more appropriate service will be suggested for you. We understand emergencies do occur and will consider this.

- I acknowledge that I am aware of **headspace** Castle Hill's cancellation policy and will contact **headspace** via phone, SMS, or email if I need to change my appointment.

Consent

- 1) I have read and understand the collection and use of my personal information on 'Page 1'.
- 2) I have read and understand how **headspace** will treat my information confidentially.
- 3) I agree to my personal information being used as explained on 'Page 1' of this document.

I am aware that **headspace** Castle Hill has a privacy policy, which covers the collection, storage, disclosure and security of patient information. The policy conforms to the *Privacy Act and Health Records Act* and all other relevant government laws and regulations.

I am aware of my right to request access to the information collected about me and request amendment if I believe it to be inaccurate. I understand that in some circumstances access might be legitimately withheld, however, I will be given an explanation in these circumstances.

- I understand that if my information is to be used for any purpose other than set out above, this will be explained to me and I will be asked if I will give my permission. I understand I have the right to refuse.

Signatures

Young person:

Sign: Relationship:
 Print name: Date:

If you are under 16 years old you may also need to have an adult guardian read and sign the guardian section below.

Guardian:

I have read and understood the above information about confidentiality, consent and the cancellation policy. I also understand that all other information concerning this young person will not be disclosed to any other person or agency unless there is a joint decision to disclose that information by the young person and the clinician.

Sign: Relationship:
 Print name: Date: