

headspace Broome Registration & Consent Form



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Date form completed

Referral Source: Young Person Family/Friend Agency Other

Name of referrer (if not the young person)	Relationship to young person
--------------------------------------------	------------------------------

For services making a referral:

Name:	Job Title:
Service:	Phone contact:
Email:	
Is the young person aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If under 16 years is the parent/guardian aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Young Person Details:

Name of young person:	Date of Birth:
Address:	PO Box:
Phone contact:	Email:
Gender:	Pronouns:
Country of birth: Australia <input type="checkbox"/> Other <input type="checkbox"/> Please tell us where you're from	
Cultural background: Aboriginal Australian <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other	
Living situation: Family <input type="checkbox"/> Alone <input type="checkbox"/> Other <input type="checkbox"/>	
Medicare number:	Ref: Expiry Date:



Allergies: Yes <input type="checkbox"/> <i>please list</i>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Student: Yes <input type="checkbox"/> <i>where?</i>	No <input type="checkbox"/>	
Employment: Yes <input type="checkbox"/> <i>full time</i> <input type="checkbox"/> <i>part time</i> <input type="checkbox"/>	No <input type="checkbox"/>	

Emergency Contact *an emergency contact is required*

Name:
Relationship to young person:
Phone contact:
<i>*If under 16 years, contact details for parent/guardians is required</i>

Support options available ... *please tick the box/s which applies to you*

<input type="checkbox"/> Counselling	<input type="checkbox"/> Physical & Sexual health (GP)	<input type="checkbox"/> Alcohol & other Drugs
<input type="checkbox"/> Work & Post School Study support	<input type="checkbox"/> Single Session Therapy (Yarn at a time)	

Reasons for seeking support ... *Please provide as much detail as possible in the box below*

Reason for referral <i>(mental health or drug and alcohol history/previous treatment, physical health, work, study)</i>	
Risk taking behaviours <i>(self-harm, suicide ideation, substance use, aggression, self-neglect)</i>	
Strengths <i>(what keeps you strong/goals, achievements, self-care/supports)</i>	
Involvement with any agencies/services <i>If yes, please provide details</i>	



Consent to Service

What information do we collect?

As part of providing support, we will need to collect and record personal information from you that is relevant to your situation. Your personal information will be recorded in a secure database called MMex. Please note de-identified information may be used for research and improvement purposes. If you see the GP at **headspace** we will also need to share your Medicare details so that bulk billing can occur.

Prior to your session you will receive a link to a survey called HAPI, should you not be able to complete this you can use a **headspace** iPad to complete the survey when you arrive at the centre. This survey asks questions about how you are feeling and what you think about **headspace**. Completing the survey helps us track how you are doing and supports **headspace** Broome with ongoing funding. The worker you see will also complete a survey about your visit. This information is provided to **headspace** National, but can't be identified as 'you'.

Is my information confidential?

All **headspace** Broome staff sign a confidentiality agreement. This means that they can't talk about you or your personal information outside of work.

However, there are some *exceptions* to this:

- If we believe you are at risk of harming yourself
- You are at risk of harming someone else
- If you are or have been abused by someone and are under the age of 18
- Or if your notes are subpoenaed by a Court

We will always try to tell you first if we need to break your confidentiality. If you are under 16, we will also talk to you about what will be discussed with your parent/carer and the extent to which your parent/carer will be involved in your care at **headspace** Broome.

What information do we share?

The **headspace** Broome team meet together regularly to discuss how we are working together to provide the best service for you. In this case, the identifying information discussed will be kept to a minimum with respect to the client.

By signing this form, the client gives **headspace** staff including Doctors, Counsellors, Employment and Engagement staff permission to discuss information relating to your-self and co-locating professionals from Kimberley Mental Health & Drug Service, Helping Minds, Boab Health Service and placement students.

On occasion, **headspace** Broome may also have to provide random files for a confidential review by accredited bodies to ensure we are working in line with the National Mental Health Standards and the Royal Australian College of General Practice; but this will not focus on individual details shared with a staff member.

We will seek your consent before we share information with any other health services, community agencies, family members and/or friends. **If you need clarification on any of these matters, please speak to a staff member.**



Consent signing page

I have read and understood the above information and consent to participate in this service as outlined and understand that I can withdraw my consent at any time.

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

There are some instances where my **headspace** Broome worker may have to break confidentiality to keep me safe.

headspace staff meet regularly to discuss information relating to me in the interest of best care.

This is a voluntary service and I can choose to leave and not come back at any time.

If I have any worries about the service I receive, I can talk to my worker or contact the manager of **headspace** Broome.

headspace staff will call your emergency contact should we not be able to contact you

Each time I connect with my **headspace** worker, I will complete a HAPI Survey. The information collected will be used by **headspace** Broome staff to assist in providing me with the best support possible. This information then becomes anonymous and is shared with the **headspace** National Office to assist with evaluation and research.

As a young person attending **headspace** Broome you have a responsibility to:

Treat staff and other young people without discrimination

Not attend **headspace** under the influence of alcohol or other drugs

Let us know if you are running late or cannot attend an appointment

Let us know if you no longer wish to access **headspace** services

Young person

Signature:

Print Name:

Date:

Parent / Guardian *If young person is under 16, consent should be provided by parent/guardian/carer*

Signature:

Print Name:

Date:

