

## Consent, confidentiality and the collection of data

- 1. Participation in treatment**  Yes  No  
I understand the information about participating in my treatment.

- 2. Confidentiality**  Yes  No  
I understand the information about confidentiality, and the exceptions to confidentiality.

- 3. Rights and Responsibilities**  Yes  No  
I understand my rights and responsibilities as a client of headspace Coffs Harbour.

- 4. Collection of de-identified data**  Yes  No  
I understand the information about de-identified data for funding, evaluation and research and consent to this.

- 5. Sharing of appointment time information**  
I consent to headspace Coffs Harbour speaking to the following person / people about my appointments:

*Name and Relationship to you:*

*Phone:*

- 6. Sharing of information**  
I consent to headspace Coffs Harbour sharing my personal health information with the following people / organisations, as relevant to my care. For example, we may need to contact the person who referred you and/or your GP to let them know you are coming to headspace, and provide updates to your GP:

*Name / Organisation:*

- 7. Consent for us to contact you**  
My preferred method of communication for all communication is SMS  Phone  Letter   
Please see point 4 attached for other options.

**Please read the detailed information attached and ask any questions before completing this form.  
Once you have understood the information, please sign below.**

## Further information about providing consent

headspace Coffs Harbour is a voluntary service, which means that headspace workers can only provide you services if you consent to receiving them. If you are under 16 years of age, a parent or legal guardian will need to give their consent for you to access our services. If you are 16 years old or older, or have been deemed a 'mature minor', you can provide your own consent. We will invite you to involve family and friends in your treatment in ways in which you are comfortable and that are likely to be beneficial to your wellbeing.

### 1. Confidentiality of information

Health care providers (e.g., Youth Workers, Social Workers, Psychologists, and Doctors) are bound ethically and by law to respect the confidentiality and privacy of all clients. All headspace Coffs Harbour team members will uphold this obligation to protect the confidentiality of information about you.

There are some exceptions to this confidentiality rule, that headspace Coffs Harbour team members are mandated by law to breach. The main reasons that confidentiality can be broken are if:

- You are a danger to yourself,
- Others are a danger to you,
- You are a danger to others, and
- Legal subpoena of records by the court.

We will make every effort to let you know before this happens, and the reason why.

The different services and staff at headspace Coffs Harbour (for example youth access clinicians, psychologists, GP, Nurse) often work as a team to help you achieve your goals. This may mean that your information is shared with the team and different headspace workers may be involved in your care.

### 2. Rights and Responsibilities

*You have the right to:*

- Always be treated with respect and dignity,
- Withdraw from services at any time,
- Actively participate in your own care, including being part of decisions and decision-making processes,
- Not be discriminated against on the grounds of race, gender, religion, disability status, illness or sexuality,
- Provide feedback or make a confidential complaint about services.

*Your responsibilities are to:*

- Always treat staff and other service users with respect and dignity,
- Respect the privacy of others you encounter at headspace Coffs Harbour,
- Work with us to ensure that you can make informed decisions about the care that you feel best suits your needs and goals
- Stay actively involved in your own treatment and provide all relevant information to worker(s),
- Keep appointments (or provide 48h notice about change / cancellation of appointment), and
- Follow safety procedures as requested.

### 3. Collection of de-identified data for funding, evaluation and research

headspace Coffs Harbour is funded through multiple sources. Sometimes we are asked by them to provide de-identified (that is, anonymous) data for the purposes of evaluating the service and improving mental health services in Australia. This data is collected and stored through secure means (such as the iPad surveys) and when extracted cannot be used to identify you.

You may choose to opt out of the provision of de-identified data – please let your headspace worker know if you would like more information to help you decide.

#### 4. Communicating with you

For your personal security, privacy and confidentiality, we ask you to provide consent about how we can contact you, and the type of information we can provide in this manner. For example, if we are not able to contact you successfully by phone can we leave you a voicemail or send a text message? There are a number of reasons why we may call and you can select different responses for each of these if you prefer.

**Appointments** - We may contact you about making, arranging or re-arranging an appointment – the message would say it is from headspace and just be about the appointment. It would not provide information about who you may be seeing (either the name of the person or their role here), not would it say what the appointment was for.

**Can we contact you by SMS or leave a voicemail to make or reschedule appointments if we can't reach you by phone?**            **Yes**            **No**

**Clinical information** - We may try and contact you about results from any tests that you may have had, or reports that we have received from other people involved in your care. We may want to leave a message if we have not been able to contact you by phone and want to check to see if you are ok. These messages would say it is from headspace and ask you to contact the centre. It will include the name of the person who called, but not the reason why we are asking you to call. We will indicate whether we need to talk to you urgently.

**Can we contact you by SMS or leave a voicemail to ask you to call the centre if we can't reach you by phone?**  
   **Yes**            **No**

**General health and wellbeing information** – From time to time we may want to send you information about general health care that we feel may be of use to you. This may be about physical or mental health wellbeing, courses of groups coming up that you may be interested in.

**Can we send a link to this via text or send you an email?**  
**Text?**            **Yes**            **No**            **Email?**            **Yes**            **No**

Your Name (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ (if signing on Young Person's behalf)

Signature of Parent/Guardian: \_\_\_\_\_ (if signing on Young Person's behalf)

Date:

**We can provide you with a copy of this completed form – please ask reception**