

consent form

headspace Horsham is an early intervention service which provides support to young people for a range of health and wellbeing issues including physical and mental health, alcohol and other drugs, vocational support.

What happens with your information at headspace Horsham?

Confidentiality is important in building relationships with you and will be discussed early on in your session. This means that whatever you discuss in sessions remains private and not be passed on to anyone else without your permission. Your details and session notes are stored on our electronic medical record (EMR) called healthdirect: Clinical and PracSoft. Access to this database is protected and secure to ensure your information is kept confidential and only used by relevant staff at headspace Horsham.

If we need to give information about you to other people, we will only give information that needs to be disclosed and only to those people who need to be told. We will always tell you when we are giving people your information and explain the reason why. You can request to access your records at any time, please note this can take up to 4 weeks to finalise.

We use it for providing healthcare services:

The information you provide will be used by staff at the headspace Horsham to help them provide you with an appropriate service- this means that headspace Horsham centre staff now and in the future are able to look at the information you and they provide. There are also some rare occasions when information you have provided to staff has to be disclosed for legal reasons (for example, a subpoena or court order). This will be explained to you by your intake worker, case worker or clinician.

We use it for evaluating, reporting on, and planning our services:

The information will be used by headspace Horsham to evaluate and report on how well headspace Horsham is providing health services to young people. These activities will help headspace Horsham understand the characteristics and needs of young people using headspace Horsham and making these services better. We sometimes engage partners to conduct evaluation, research and reporting activities using information we provide. The information disclosed by headspace Horsham to these partners for their evaluation, research and reporting purposes will be de-identified this means the information provided will not include your name and will not identify you as an individual.

We provide information to other agencies to allow them to monitor and evaluate headspace services:

headspace centres are funded by Primary Health Networks (PHNs) across Australia. PHNs are funded by the Australian Department of Health (the Department of Health). The Department of Health regularly reviews and evaluates the services provided at headspace centres with the aim of improving the services that are provided to you and other young people. headspace provides the Department of Health with de-identified information about headspace clients and services for the Department of Health's monitoring, evaluation, and service planning purposes. provided includes your date of birth, gender, and details about the types of services you used, however it does not include your name, address or Medicare number. The Department of Health also makes this information available to the PHN(s) relevant to the headspace services you receive for the monitoring, evaluation and service planning purposes of the PHN(s) which is our case is Western Victoria Primary Health Network (Western Vic PHN).

Your and your family's rights:

You have certain rights and responsibilities in accepting support and care at headspace Horsham these are explained in the Welcome Pack. This is a voluntary service, and you can choose to leave and come back at any time. You can also withdraw your consent at any time or request to see your records. If you have any worries about the service, we really want to hear please chat with a staff member or request to see a manager. You can request a copy of the rights and responsibilities from any headspace worker.

Mature Minor Consideration:

Where a young person is deemed capable of giving informed consent, who can understand fully the nature, consequences, risks and implications of the proposed support and care, they may be assessed as a mature minor. More information can be obtained from a headspace clinician. It is important to know that we will always work with all young people to involve their family and friends in ways that they are comfortable with.

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Consent signing page:

- I consent for headspace Horsham clinicians and support workers to provide support to me, which may include a range of assessments, interventions and support services;
- I understand that the service is voluntary and consent is valid while I am a current client with headspace Horsham;
- I understand headspace Horsham does not provide emergency services or after hours care;
- I understand my details will remain confidential, unless there is a serious risk of me harming myself, harming others, if a crime has been committed or a court orders us to produce the information under a subpoena or other court order;
- I understand that all information collected by headspace Horsham will be treated in a confidential manner and stored securely;
- I understand that headspace Horsham has a Privacy Policy which covers the collection, storage, disclosure and security of my information;
- I have received and understand the headspace Horsham Rights and Responsibilities;
- I understand that my de-identified information may be used for research and quality improvement purposes
- I understand each time I come to headspace, I will be asked to complete a hAPI survey on an iPad or on own device if online appointment. The information collected from the survey will be used by headspace Horsham 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.
- I understand that I can change or withdraw my consent at any time;
- I consent to headspace Horsham collecting and sharing information with the people/agencies listed to assist in my support and care:
 - Family member and/or friend:.....
 - Medical and mental health providers (for example mental health workers, GPs, Nurses, Specialist doctors, Psychiatrists):.....
 - Healthcare professionals (i.e., Psychologists, Counsellors, Social Workers).....
 - School professionals (e.g., teachers, School psychologists, School counsellors, Pastoral support workers):.....
 - Other (e.g., Case manager/employment consultant/Employer/Manager):.....

For parent/Legal Guardian to complete:

Do any of the following apply (please tick):

- Family Court Order(s)
 Parenting agreement
 Not applicable

Client Details		Parent/ Legal Guardian 1	Parent/Legal Guardian 2 (where applicable)
Name:			
Signature:			
Verbal consent:	<input type="checkbox"/> Yes, verbal consent gained due to being in an online appointment	<input type="checkbox"/> Yes, verbal consent gained due to being in an online appointment	<input type="checkbox"/> Yes, verbal consent gained due to being in an online appointment
Date:			
Relationship to client if signed by parent/carer/guardian:			
headspace Horsham Worker to complete:			
Name:			
Position:			
Signature:			
Date:			