

consent form

what happens to my personal information?

Please read this form carefully and talk to a staff member if you have any questions before signing it.

information collection and storage

I understand

De-identified information about you (e.g. age and gender) is provided to our funding body, headspace National, and may be provided to Medicare for research and quality improvement purposes. Sometimes information may need to be shared with others, but you will always be told before this happens. All information is protected, safely stored and used only by the staff you are working with. Our *Privacy Policy* can be found at www.anglicare-nt.org.au.

your and your family's rights

I understand

You have certain rights and responsibilities in accepting care at headspace – 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 (please note this process may take some time). 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.

confidentiality

I understand

If we want to speak to another service or to your family or friend, we need your written consent. **Consent is valid for 12 months or until you withdraw.** Sometimes staff may need to share confidential information in order to keep you or others around you safe. If this needs to happen, we will always explain this to you.

sharing information

I consent to headspace Darwin collecting and sharing information with the people listed below to assist in my care and treatment:

name	relationship	information to be shared	contact details
TEMHS/RDH/GP			

I do NOT consent for my information to be shared with:

my family and friend's involvement

I would like my family/friend/other involved in my care at headspace Darwin: Yes No Unsure

I would like them to receive a copy of the Welcome Pack: Yes No

name(s):

consent

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