

headspace Darwin is a youth mental health service and a program of Anglicare NT. In providing you with our services, we need to collect some of your personal information. Privacy and confidentiality of your information is important to us. We are required to report unidentifiable information about you (age, amount of sessions, gender) to our funding body. Please read this document carefully and talk to your clinician if you have any questions or issues before signing it.

What happens with your information at headspace?

- Your details and session notes are stored electronically on a database called MasterCare. It is an Electronic Medical Record (EMR). Access to this is protected by a password and organisation systems to ensure your information is kept confidential and only used by relevant staff at headspace Darwin.
- You can request to see your EMR at any time and there is a process required for this to occur.
- If we want to speak to another service or your family/carer/friend, or if you want us to speak to another service to assist in your treatment and care, we need your written consent.
- Our policies conform to the Medical Records (Privacy and Access) Act 1997 and the *Privacy Act 1988* (Privacy Act) and all other relevant Government laws and regulations.
- All staff sign a Client Confidentiality Agreement and must comply with the Australian Privacy Principles (APPs), Anglicare NT's employment policies and work within the ethical boundaries of their professional code of practice.
- If you use your Medicare card, some of your information may be passed onto Medicare.

It has been explained to me that:

(Please tick the following)

- ☐ There are some instances where my **headspace** Darwin clinician may have to break confidentiality to keep me safe.
- ☐ 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 clinician or contact the manager of **headspace** Darwin.
- ☐ I may choose to nominate and involve family/carers/friends/others in my care and consent to them being sent a copy of their Rights & Responsibilities.
- ☐ I have Rights and Responsibilities in accepting care and treatment at headspace Darwin and I have been given and understood a copy of the document outlining this.

CONSENT:

I, (Name of Young Person or Parent/Guardian) _____

Of (Address) _____

Date of Birth: _____ Relationship to Young Person (Parent/Guardian): _____

Give permission for **headspace** Darwin to collect and share information to assist in my current care and treatment. In addition, the people I nominate **headspace** Darwin to collect and share information with to assist in my care and treatment are listed below:

Name	Relationship To You	Information To Be Shared	Contact Details

Signature: (Young Person or Parent/Guardian): _____ Date: _____

Signature: (**headspace** Darwin Clinician): _____ Date: _____