The information name of service collects about you is confidential. We have systems in place to ensure that your records are safe and only authorised people have access to the information.

name of service collects mental health data.

In order to provide you with a safe and seamless service we need to share information with people that provide health services to you. The following agencies, health professionals or people may require some information about you or you may choose to have them informed of specific information. If possible, we will inform you before we exchange information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency/Health Professional or other | Type of information | Information  | Date | Client Signature |
| Requested from: | Given To: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| People / whanau that may provide me with help, e.g. support or advocacy: |
| Name | Type of information |
|  |  |
|  |  |
|  |  |
| I have been informed that there will be audits by organisations that fund name of service. The auditors will need to see my health records to assess whether the care I am getting is acceptable and according to the contract name of service has with those funding agencies. Specified agencies have the right (example: CYFS, coroner) to request information about you.  |
| **We will not ask you for permission to exchange information if there is an imminent risk to you or another person.** |
| **Comments:** |
| **I have been given information about** [**PRIMHD**](http://www.health.govt.nz/system/files/documents/publications/primhd-brochure-24apr-2012-1.pdf)**.** |

Review of this consent will occur no later than: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHI\_\_\_\_\_\_\_\_have understood how name of service

will manage the information they have about me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name of service Staff (Full Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_