

# MENTAL HEALTH SERVICES

## Under 16 Client Consent Form

New England North West Health Ltd (Trading as HealthWISE) recognise the importance of privacy and confidentiality and are under a legal obligation to protect the integrity of your personal information. In accordance with the Privacy Act 1988 (Commonwealth), the Privacy Amendment (Enhancing Privacy Protection) Act 2000 we comply with the Australian Privacy Principles and Health Privacy Principles from the Health Records & Information Privacy Act 2002 (NSW). A full copy of our privacy policy is available from our website or on request from any of our offices.

### Your child's mental health service

HealthWISE is a not for profit organisation providing services and programs to support the community at every stage of life. HealthWISE is committed to creating healthier communities.

HealthWISE provides its services:

- Face to face
- By phone
- On video call platforms (e.g. zoom or skype)

You can arrange your preferred consultation method with the health professional.

- a) Ensure where possible your child has telehealth or phone appointments in a private space
- b) Have internet security installed such as antivirus programs
- c) Understand that third party internet providers are used by HealthWISE

Support provided at HealthWISE does not include emergency services or after hours care. HealthWISE does not conduct court reports, NDIS applications or provide diagnostic assessments.

### What happens with your child's information at HealthWISE?

To provide a service to your child we need to collect information about your child that is relevant to the service provided. This may include information about their health. For the health professional to be able to provide appropriate care they will need to keep relevant documentation. The service HealthWISE provides may be impacted if you are unable to provide all of your child's personal information. As part of your child's healthcare support the health professional is required to add summary notes to your child's 'My Health Record' and provide reports of their progress to the referring practitioner.

### Confidentiality

All personal information gathered by your health professional will remain private and stored securely and only seen by approved employees of HealthWISE for the planning and delivery of your child's care except where:

1. It is summoned by a court; or
2. If not sharing would place your child or another person at serious and potential risk; or
3. Prior approval has been gained to:
  - a) Provide a written report to another professional or agency. e.g. a General Practitioner (GP); or
  - b) Discuss the material with another person, e.g. a parent; or
4. Disclosure is otherwise required or authorised by law.

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### Information is used for evaluating, reporting on and planning our service to your child

Information collected will be provided to the Department of Health and Aged Care to be used for research and evaluation purposes designed to improve mental health services in Australia. This may be through the NSW Ministry of Health, QLD Darling Downs and West Moreton and/or NSW Hunter New England Central Coast Primary Health Networks (HNECC PHN). This would include details such as your child's name, date of birth, gender, and types of services used and contact details but would not include your child's address or Medicare number, as stated in the Privacy Act. Third party partners are sometimes engaged to gather feedback information on services provided to your child. For NSW the HNECC PHN have engaged a company called Cemplicity to review client experiences. HealthWISE provides Cemplicity with your email and/or SMS contact details. You may be asked to complete a feedback survey about the service delivered to your child. The de-identified feedback collected by Cemplicity is provided to HealthWISE and used to improve the service we provide to you and your child.

### Cancelling your child's appointment and failing to attend

If you need to cancel or reschedule your child's appointment, please give at least 24 hours' notice. Failure to attend, or cancelling your child's appointment at short notice may reduce the number of sessions available to them. Two missed appointments will result in the closure of their referral. Please advise of cancellations by phone on 1800 931 540 during office hours.

### Access to your child's records

At any stage, you are entitled to access your child's records, unless the relevant legislation indicates otherwise. Your health professional may discuss with you appropriate ways to access records. All requests to access records should be lodged with the Clinical Team Leader, HealthWISE, PO Box 1916, Tamworth NSW 2340. The Team Leader will respond to these requests within 14 days and an appointment will be made if necessary for clarification purposes.

### Feedback and concerns

If you have a concern about the management of your child's personal information, please contact the Clinical Team Leader on 1800 931 540. We welcome your feedback. To give feedback on your HealthWISE experience or to make a complaint, you can talk to a staff member; complete a feedback form; or use the feedback email on our website: [www.healthwise.org.au/contact/tell-us-what-you-think/](http://www.healthwise.org.au/contact/tell-us-what-you-think/). Alternatively you may contact Health Care Complaints Commission [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au) or Ombudsman NSW [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au), Queensland Mental Health Commission [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au) or Ombudsman QLD [www.oho.qld.gov.au](http://www.oho.qld.gov.au).

Updated 30 September 2023

I, (parent/guardian) \_\_\_\_\_ of child \_\_\_\_\_  
have read and understood the above consent form. I agree to these conditions for the service provided by HealthWISE.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### OR

I, (health professional's name) \_\_\_\_\_  
have informed (parent/guardian) \_\_\_\_\_ of the conditions of this HealthWISE service.

The parent/guardian has given verbal consent to these conditions for (child) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_