



BOiMH PATIENT PRIVACY AND CONSENT FORM

Your GP has referred you to the BOiMH project to access Focussed Psychological Services for a mental health concern. Participation in this project will require your GP to provide some background information about you to the psychologist and upon completion of the treatment, your mental health professional providing a report to your GP about your treatment. For the purpose of evaluation, some of your personal information will also be forwarded to Brisbane South Division (BSD). This information will include your name and date of birth, as well as information about the type of mental health concern you are experiencing.

This information will be used by BSD to assess whether the BOiMH project is meeting its aim. Some of this information will also be provided to the Australian Government Department of Health and Ageing, who are funding this project however, your name and all other identifiable information will not be passed on.

This document outlines BSD's policy for the collection and management of client information (see over page) and asks you consent to the collection and sharing of information between your GP, Mental Health Professional, BSD and the Australian Government Department of Health and Ageing.

Record of patient consent

Tick box to indicate who is consenting to collection, use, and disclosure of personal health information.

- Patient is consenting – adult patient
- Patient is consenting – child/adolescent patient (*parent/guardian consent hasn't been sought*)
- Parent/guardian consent has been gained – child/adolescent patient

I **agree to** information about my mental health and well being to be collected, used and disclosed to the health provider(s) to whom I am referred, to assist in the management of my health care. **I am also aware** that statistical information (that will not identify me) is being collected and used to assist in improving this project, and I agree to this de-identified information being collected and shared.

_____/_____/_____
Patient name Patient signature Date

_____/_____/_____
Parent/care giver name Parent/care give signature Date

I have discussed the proposed referral to a psychologist with the patient and/or parent/guardian and am satisfied that the patient and/or parent/guardian understands the proposed collection, uses and disclosures of personal health information and has provided informed consent to these.

_____/_____/_____
GP name GP signature Date

See over for more information...

BSD is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy.

BSD is bound by the *Commonwealth Privacy Act 1988* and the *Privacy Amendment (Private Sector) Act 2000*, which set out a number of principles concerning the protection of your personal information.

Collection of information

As part of the BOiMH project, BSD needs to collect information about you that is relevant to the service provided. This information is held in a secure filing cabinet, which is accessible only to authorised employees. All staff members at BSD have signed confidentiality agreements to protect your personal information. Information will be collected from three sources: from yourself, your GP and your mental health provider. Information discussed during sessions with your GP and sessions with your psychologist is completely confidential. Only information that is provided specifically for the BOiMH project is collected.

Access to information

Upon written request you may access the material recorded in your file. Permission will need to be obtained from the health providers who have supplied the information on your file. Your written request will be responded to within 30 days and an appointment may be made for clarification purposes. Alternatively, you are encouraged to speak to your health providers to request access to this information.

Confidentiality

All personal information gathered by BSD will remain confidential except when it is a legal requirement to disclose information; or where failure to disclose information would place you or another person at risk; or when your written consent has been obtained to release the information to a third party.

Case conference

Your GP and mental health professional may consult or liaise with each other regarding your health concerns. The content of these discussions will remain confidential between your GP and psychologist. Your GP may consult a psychiatrist as part of your Mental Health Plan. Your GP will discuss this action with you first, all information shared will remain confidential between your GP and the psychiatrist.

Withdrawal

If you decide not to be involved in this project, this will not affect the treatment you receive from your GP in any way. You may withdraw from the project at any time by notifying your GP that you no longer wish to participate.

Complaints or concerns

If you have a concern about the management of your personal information, please initially discuss this with your health provider. If you are not satisfied with their response, please feel free to phone the Mental Health Project Officer at BSD on 07 3274 1886 or email us on info@brisbanesouth.com.au