

**CLIENT URN:** \_\_\_\_\_

Palmerston places high importance on your privacy. Whatever you discuss with your counsellor or other health service provider is confidential.

**STORAGE OF INFORMATION**

- Hard copy records are maintained and held by Palmerston.
- Electronic records are owned and managed by Palmerston and securely stored in the Services Information Management System (SIMS) by the Mental Health Commission (MHC) on behalf of Palmerston.

**ACCESS TO INFORMATION**

- Access to your records is controlled and available only to those involved in providing services to you and for administration.
- The information provided may also be used for program management, reporting or audit purposes, and research on the outcomes of the program. Any information used for research will be collated and will not identify you personally.
- SIMS support staff will have access to identified records only for the maintenance and operation of SIMS.
- Only Palmerston will have access to your identified records for the purpose of providing services to you.

**RELEASE OF INFORMATION**

There are some circumstances where your personal information may be released for another purpose.

- Under law - Palmerston and the MHC are required to provide part or the whole of your records on the production by the Court of a subpoena, court order, or under certain legislative requirements. This is a court order that cannot be ignored. Palmerston staff may also have to discuss your information subject to a court order.
- Under ethical circumstances - an ethical obligation to release your information arises for Palmerston where there is a clear possibility of self-harm or harm to others. We have a duty of care to ensure your personal safety and the safety of others.
- Under express consent - Palmerston may otherwise release information only on your written consent.

**YOUR RIGHTS**

You have the right to:

- access to the information held about you
- request that the information held about you is corrected, and
- be informed of the process for making such an application.

If you want clarification on our confidentiality practices, please discuss it with your counsellor.

A copy of our Consumer Rights and Responsibilities brochure has been provided to you

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLIENT CONFIDENTIALITY:** Palmerston will not use or disclose any information to any parties not involved in your treatment UNLESS specifically authorised by you or as outlined in the Privacy Statement.

**AUTHORITY TO RELEASE AND OBTAIN INFORMATION**

I, \_\_\_\_\_ (please print full name)

of, \_\_\_\_\_ (please print current address)

hereby consent to Palmerston releasing and obtaining information as detailed below.

**Contacting the Emergency Contact named below in case of emergency or if Palmerston is unable to contact me.**

| Name | Relationship | Contact Details | Comments |
|------|--------------|-----------------|----------|
|      |              |                 |          |

**Confirming my attendance to the family members and/or agencies named below.**

| Name | Relationship / Agency | Contact Details | Comments |
|------|-----------------------|-----------------|----------|
|      |                       |                 |          |
|      |                       |                 |          |

**Obtaining and releasing information (such as attendance and participation) as necessary from agencies and/or family members involved in my treatment.**

| Name | Agency / Relationship | Contact Details | Comments |
|------|-----------------------|-----------------|----------|
|      |                       |                 |          |
|      |                       |                 |          |
|      |                       |                 |          |
|      |                       |                 |          |

In addition, I give consent for Palmerston to contact me: **Delete Y/N as applicable**

By telephone  Y/N  N  By letter to my home address  Y/N  N

By email to an address provided by me  Y/N  N  By SMS to the number(s) provided by me  Y/N  N

Is it OK for us to identify our service?  Y/N  N

**This authority is valid until your case is closed, but you can change your details at any time.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by (signature):** \_\_\_\_\_

**Witness full name (please print full name):** \_\_\_\_\_