## AlfredHealth



Bentleigh Elsternwick Syndal

## CONSENT TO HEADSPACE

Young Persons Details							
First Name		Family Name					
Date of Birth		UR			Date		

You are about to be asked some questions about yourself and why you have chosen to use a headspace service. The staff members you see will also be asked to enter some information about the service they provide you. headspace needs to collect this information to provide quality health care and improve headspace services. It is important that you understand what we do with this information.

## How we use and share the information you provide

1. We use it for providing healthcare services:

The information you provide will be used by staff at the headspace centre(s) you visit to help them provide you with an appropriate service – this means that headspace centre staff now and in the future are able to look at the information you and they provide. There are also some rare occasions when information you have provided to staff has to be disclosed for legal reasons (for example, a subpoena or court order). This will be explained to you by your intake worker, case worker or clinician.

2. We use it for evaluating, reporting on, and planning our services:

The information will be used by headspace to evaluate and report on how well headspace is providing health services to young people. The information you provide will also be shared with the headspace centre(s) you visit to help them plan the services they provide to you. These activities will help headspace understand the characteristics and needs of young people using headspace services to make headspace services better. We sometimes engage partners to conduct evaluation, research and reporting activities using information we provide. The information disclosed by headspace to these partners for their evaluation, research and reporting purposes will be de-identified – this means the information provided will not include your name and will not identify you as an individual.

3. We provide information to other agencies to allow them to monitor and evaluate headspace services:

headspace centres are funded by Primary Health Networks (PHNs) across Australia. PHNs are funded by the Australian Department of Health (the Department of Health). The Department of Health regularly reviews and evaluates the services provided at headspace centres with the aim of improving the services that are provided to you and other young people. headspace provides the Department of Health with information about headspace clients and services for it's the Department of Health's monitoring, evaluation and service planning purposes. The information provided includes your date of birth, gender and details about the types of services you used, however it does not include your name, address or Medicare number. The Department of Health also makes this information available to the PHN(s) relevant to the headspace services you receive for the monitoring, evaluation and service planning purposes of the PHN(s).

## Protecting your privacy

headspace is committed to protecting your privacy, and handling your personal information in accordance with the law, including securely storing the information we collect from you.

 $\Box$  I understand and agree with how my personal information provided to headspace service providers will be used and shared with others

□ I do not consent to how my personal information will be used and shared with others. I acknowledge this will not affect the services provided to me

□ Yes □ No

In person

□ I have been provided with a copy of "Privacy: Your Rights"

Young Person name	Signature	
Or, Parent / Guardian name		

Interpreter Name Return completed Consent to:

Bentleigh & Elsternwick

Syndal

headspaceintake@alfred.org.au hsyndalintake@alfred.org.au

Professional Interpreter used to obtain informed consent

□ Phone

U Video