

Bentleigh Dandenong Elsternwick Frankston Narre Warren Syndal

CONSENT TO INFORMATION SHARING

young person details

First name		Last name			
Date of birth		UR		Date	

To provide you with the best possible care and continue to improve our service, we collect information about all young people who access our services.

Before you access our services, we will ask you to provide us with some **personal information** about yourself. We may also ask your permission to collect information about you from other people such as your doctor.

Read this form carefully and talk to a staff member if you have any questions before signing.

what happens to my personal information?

information collection

The information we collect about you will be used by headspace staff to help them provide you with appropriate services and care.

confidentiality

When you give information to headspace staff, it is kept **confidential**: i.e. we will not disclose it to anyone unless we are permitted or required by law. For example, sometimes staff may need to share information about you to keep you or others around you safe. Where possible we will be open about this with you.

We also provide **deidentified** information (i.e. personal information removed) to the Department of Health to monitor and improve our services. Sometimes information may need to be shared for evaluation and research purposes.

protecting your privacy

headspace is committed to protecting the **privacy** of your personal information including securely storing the information as required by legislation.

I consent to headspace using and sharing information about me as set out in this document Yes No

I consent to deidentified information about me being used for evaluation and research purposes Yes No

I have been provided with a copy of **"Privacy: Your Rights"** Yes No

Young Person name		Signature	
Parent / Legal Guardian name <i>(If young person does not have decision making capacity)</i>			

Professional Interpreter used to obtain informed consent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interpreter Name	<input type="checkbox"/> In person	<input type="checkbox"/> Phone	<input type="checkbox"/> Video

- Return completed consent to:**
- Bentleigh: headspacebentleigh@alfred.org.au
 - Elsternwick: headspaceelsternwick@alfred.org.au
 - Syndal: headspacesyndal@alfred.org.au
 - Dandenong, Frankston and Narre Warren: return completed consent directly to centre

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May 2024
Page 1 of 1
Source: Alfred Health Connect