

Brisbane MIND: Patient Privacy and Consent Form

Patient is to read and sign consent form. GP signs consent form and faxes along with Minimum Data Set – 07 3630 7839.

Once the Metro North Brisbane Medicare Local receives the consent and minimum data set, a purchase order will be sent to psychologist authorising patient treatment.

Your GP has referred you to the Brisbane MIND program to access Focussed Psychological Services for a mental health concern. Participation in this program will require your GP to provide some background information about you to the psychologist and upon completion of the treatment, your psychologist providing a report to your GP about your treatment.

For the purpose of evaluation, some of your personal information will also be forwarded to the Metro North Brisbane Medicare Local (the Medicare Local). 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 the Medicare Local to assess whether Brisbane MIND is meeting its aims. Some of this information will also be provided to the Australian Government Department of Health and Ageing, who are funding this program however, **your name and all other identifiable information will not be passed on.**

This document outlines the Medicare Local'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, psychologist, other health providers that may be involved in your care, the Medicare Local and the Australian Government Department of Health and Ageing.

Record of patient consent

Indicate who is consenting to collection, use, and disclosure of personal health information.

- Yes - Adult patient is consenting
- Yes - Child/adolescent patient is consenting (parent/guardian consent hasn't been sought)
- Yes - 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 program, and I agree to this de-identified information being collected and shared.

Patient Name:..... **Signature**

Parent/caregiver Name: **Signature:**

I have discussed the proposed referral to a psychologist with the patient & 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:..... **Signature**

The Medicare Local is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy. The Medicare Local 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 Brisbane MIND, the Medicare Local 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 the Medicare Local have signed confidentiality agreements to protect your personal information.
- Information will be collected from three sources: from yourself, your GP and your psychologist. Information discussed during sessions with your GP and sessions with your psychologist is completely confidential. Only information that is provided specifically for Brisbane MIND 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 the Medicare Local 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 psychologist 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 program, this will not affect the treatment you receive from your GP in any way.
- You may withdraw from the program 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 Medicare Local Mental Health Coordinator through reception on 07 3630 7300 or email brisbanemind@mnbl.com.au