

NEFESH AOD CLIENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

Please read carefully. Do not sign this form if you do not understand or agree with its terms.

I, _____

D.O.B.: / /

Understand and agree that NEFESH HEALING MELBOURNE collects information from, and about me during the course of triage, assessment, treatment planning & ongoing care. This can include a range of NEFESH AOD programs I am involved with including health, welfare or education services provided to me by NEFESH.

I consent to information arising out of the above treatment areas being collected and disclosed:

- to formulate a treatment plan to help me address my substance use
- to provide alcohol and other drug withdrawal treatment and education, counselling, and follow up
- to arrange a referral to another service relating to my treatment goals
- to keep my family and others informed of my welfare and/or to seek additional support
- to share information with and/or seek further information from community correctional service departments
- to confirm my eligibility to receive services
- To use de-identified data for reporting on program outcomes including evaluation, research, and departmental reporting.

Some examples of other organisations that my clinician may contact with my consent are other alcohol and drug treatment services, and other health care providers including medical practitioners, psychiatric or psychological services and community service organisations.

I understand that NEFESH HEALING MELBOURNE is required to disclose my personal information where required or authorised by law, which may include emergency situations and assisting law enforcement agencies and where there is a subpoena in place. NEFESH is also obliged to follow duty of care responsibilities which may include mandatory reporting when risk of harm to self or others is reported or identified.

*With regards to confidentiality, legislation has changed in Victoria around family violence & child wellbeing. This means that NEFESH HEALING MELBOURNE is now an organisation that is required to share information around risk and safety. These new changes mean that consent is not always needed. However, *NEFESH* will always try to talk to *me* about what information *it needs* to share if it is safe to do so. By signing this form, I indicate that I understand this and/or that my AOD clinician has explained this to me.

I have the right to withdraw my consent at any time. I understand NEFESH may not be able to provide some services or support to me if I do not provide personal information.

CLICKING I AGREE ON THE INITIAL CONTACT FORM WITH THIS FORM ATTACHED IS A VOLUNTARY AGREEMENT TO THESE TERMS AND CONDITIONS OF CONSENT AND PRIVACY BETWEEN NEFESH AND YOURSELF AS A CLIENT.

Client

Verbal Consent Given

Print Name

Signature

Authority to sign as representative (if applicable) (e.g. parent, guardian, power of attorney)