#

# Consent to engage with Brief Intervention Talking Therapy

**On giving my consent, I understand the following information about the Brief Intervention Service:** Patients enrolled with a Pegasus Health GP can access up to five sessions of talking therapy in a 12-month period. At all times, the clinical responsibility for your health remains with you and your GP team.

**Talking therapy sessions**

* The first session will be about an hour long. The following sessions will be about 30 minutes long and usually take place every 2-4 weeks.
* Sessions are usually in-person at one of our sites but could also be via telehealth.
* Our mental health clinicians are registered professionals. They offer a range of strategies and approaches centred around the FACT brief intervention model.

**Cancellations**

* We require a minimum of 24 hours’ notice if you are unable to attend. You may be offered a phone appointment if you are unable to attend.
* If you cancel less than 24 hours from your appointment time you may lose one of your allocated sessions.
* Two cancellations or two missed appointments will result in you being discharged back to your GP and having to be re-referred.

**Storage of information**

* Your contact details and session notes are stored electronically in a secure internal Patient Management System.
* You have the right to access the personal information we hold concerning you.

**Confidentiality and sharing of information**

* All interactions with our service including the scheduling of your appointments, your attendance at appointments, the content of your sessions and your records are confidential and won’t be shared without your authorisation.
* As this service is an extension of your GP’s service, a summary of the first session will be sent to them and they will be notified when you finish with us.
* Clinicians work as part of a team and in consultation with their management. They attend monthly supervision and training to reflect on and share their practice. Your identity will be protected where possible.

**Limitations to confidentiality**

In certain situations, clinicians are obligated to share your information. Exceptions to confidentiality

may occur when:

* There are serious safety concerns in the immediate or foreseeable future to you or others (e.g., personal safety, family violence and child protection).
* There are legal requirements that demand that confidential material be revealed.
* Responding to a complaint about the service.

**Making a complaint and giving feedback**

We welcome complaints and feedback about the service, our clinicians, or contractors to help us evaluate what we do and improve our service for others. All complaints will follow our complaints process. You may be asked to complete an anonymous survey following your final session with us.

* I consent to take part in talking therapy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mental Health Clinician)
* I have the right to withdraw my consent at any time.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

The Canterbury District Health Board (CDHB) require us to share details about the BITT service to help them plan future health services. The information provided includes date of birth, gender, ethnicity, suburb, and relevant details about the use of the service. **With this information your NHI number is not automatically provided to CDHB, unless you agree.** (NHI is the unique number assigned to every person to accurately identify them and link them to their health records). Please circle below whether you consent to your NHI number being included with the other information we must provide.

YES NO