ARAI TE URU WHARE HAUORA
CONSENT/REFERRAL FORM

*= required

DATE: ***NHI NUMBER:** **DATABASE NO.**

SERVICE REQUIRED

TAMARIKI ORA	☐	DISEASE STATE MANAGEMENT	☐	HEALTHY LIFESTYLES	☐
PARENTS-AS-FIRST-TEACHERS	☐	STRENGHTENING FAMILYS	☐	WHANAU ORA	☐
HPV Whanau Engagement	☐	FAMILY VIOLENCE	☐	KAITOKO WHANAU	☐
OTHER____________________		SKIP PARENTING	☐		

REFERRAL FROM:

Self ☐ **Agency** ☐ **Name of Agency:** ______________________________

Name of Referee:

CLIENT INFORMATION

***Name:** ______________________________ ***Date of Birth:** ______________________________

***Address:** ______________________________ ***Ethnicity**: ______________________________

______________________________ ***Iwi:**______________________________

***Gender:** ______________________________

***Phone Number:** ______________________________ **Mobile:** ______________________________

***Name of parent/caregiver (if child registration)** ______________________________

***Next of kin/Emergency/Contacts:** ______________________________

Relationship: ____________________ **Address**______________________________ **Phone:** ___________

General Practitioner: ______________________________

Phone: ______________________

REASON FOR REFERRAL

Other Agencies covered by this consent:

PRIORITY (please tick) ☐ **HIGH** (24hr) ☐ **MEDIUM** (5 days) ☐ **ROUTINE** (10 days)

***Signed by referring agency:** ______________________________ **Date**____________________

***Signed by client:**______________________________ **Date**____________________

The above consent has been signed after a full explanation 'Health Information Privacy Code' (refer back page)

***Name of kaimahi (please print)**______________ **Signature:** ____________________**Date**______________

- I am aware that I have the right to access and correct any information held by Arai Te Uru Whare Hauora.

Reviewed: February 10th 2009 by RMI
Next review due: February 2010

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- I accept that non-statistical information is collected and used by our funders such as the Ministry of Health and that Arai Te Uru Whare Hauora will meet the requirements of Principles 2(b) & 1(d) of the Privacy Act and Health & Disability Services Act 1993.
- I understand that nothing in this consent overrides those Acts which allow for the sharing and reporting of serious risk of harm to a child, self or others.
- I understand that Arai Te Uru Whare Hauora requires open communication and correct details to bring about care.
- I understand that I have the right to make a complaint, this can be anonymous or to the Clinical Manager and/or Business Manager if I am dissatisfied with the way I have been treated. I also understand that I may seek the help of an independent advocate from the **Health & Disability Advocacy Services South Island, Ph (03) 479 0265.**
- I am aware of my right to withhold or withdraw consent to Arai Te Uru Whare Hauora or agency involvement at any time.

HEALTH INFORMATION PRIVACY CODE 1994

- The Health Information Privacy Code 1994, which is part of the Privacy Act 1993, now sets out the rules which Arai Te Uru Whare Hauora must follow as to how we collect, store and use your personal information.
- Your personal information is limited to details directly related to you. Under the Privacy Code you have the right of access to this information and to request that details be corrected.
- Your personal information will not be disclosed to anyone without your written authorisation. This includes requests from members of your family, friends, or your GP. These requests will be declined unless you give signed authorisation.

: Non-identifying statistical information about Arai Te Uru Whare Hauora Services is also provided to our funders.

- If you believe that a breach to your right of privacy has been made, you are invited to contact the Trust at:
  Arai Te Uru Whare Hauora, 60-66 Tennyson St (PO Box 5626), DUNEDIN. Telephone: (03) 471 9960 Fax (03) 471 9962