


## CONSENT & CONFIDENTIALITY – OUR AGREEMENT

<b>Name</b>	<input type="text"/> Date of Birth <input type="text"/> NHI <input type="text"/>				
<b>Team Work!</b>  	<p>Youth INTact alcohol and other drug service also works in a team with others (like the school counsellors, social workers, nurses, and so on that may also be working with you), and you can get support from all of them.</p> <p>Youth INTact can also work with family/whānau when there are problems affecting the family/whānau; or if it would be helpful to you that Youth INTact works with your family/whānau.</p> <p>Sometimes, information may need to be shared within the team of people who are supporting you, to help us all work together. They may discuss progress (what's working), and any concerns they may have. Youth INTact may want to talk with practitioners you have worked with before to help us better understand you and your needs.</p> <p>We will talk with you before we contact these people to agree on what you are ok for us to talk about.</p>				
<b>I'm Safe</b>	<p>I know that if either myself or the people at Youth INTact think that there is a risk to my safety, or other people's safety, they may need to involve other support. Youth INTact will support me and talk with me about this first.</p>				
<b>My Information</b>	<p>The Ministry of Health requires Youth INTact to give them information on the support that we provide, some of which uses your National Health Index number. This is to help them plan for the future.</p>				
<b>It is OK for Youth INTact to share with and/or access information from these people</b>	<b>Who</b>	<b>Relationship (family or organisation)</b>	<b>Contact details</b>	<b>Sign</b>	<b>Date</b>
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**My Consent - I understand the information on this page and consent to working with Youth INTact.**

Rangatahi/young person's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

