

INFORMED CONSENT – 16 YEARS & OVER



Name: _____

Date of Birth: _____

INITIALS

<p>I understand and agree for a Counsellor, Therapist, Social Worker and/or other professional from Āwhina Whānau Services to work with me and/or my whānau. If special conditions or concerns apply these will be discussed and agreed upon.</p>	
<p>I understand how I will receive the service from Āwhina Whānau Services and any questions or concerns I have raised, have been satisfactorily answered.</p>	
<p>I understand that this is a confidential service and that information disclosed remains confidential (what is said here stays here), unless Āwhina Whānau Services has a duty of care to protect myself or someone else who is deemed at risk of harm. I will be notified if that is this case.</p>	
<p>I understand that Āwhina Whānau Services may contact me for consent to be part of any teaching or research being undertaken. I understand that my participation will be confidential and that I can chose to decline in taking part at any time.</p>	
<p>I have been informed that from time to time there are student placements based at Āwhina Whānau Services. I understand that I can choose to accept or decline a student’s involvement in my treatment, and that the student is supervised by a fully qualified professional while based at Āwhina Whānau Services.</p>	
<p>I agree to notify Āwhina Whānau Services Tari (office) 24 hours before or as soon as possible if I am/we are unable to attend any hui or need to reschedule. I understand that if I/we do not make contact with the office for 28 days, my/our file may be closed. If I/we wish to re-engage, another referral form will need to be completed and I/we may be put on a waitlist.</p>	

Whaiora:

Signature: _____

Date: _____

Parent, Guardian or Caregiver (if the whaiora is under parental guardianship):

Name: _____

Signature: _____

Relationship to whaiora: _____

Date: _____