

Mental Health Nurse Program	
Patient details	
Name	
Date of Birth	Gender
Address	
Phone	Email
Referring Doctor	
Name	
Address	
Contact No.	Provider No.
Signature	Date
Reason for referral	
Relevant Psychiatric and Medical History	Please attach additional pages if required.
Current Medications	Please attach additional pages if required.
MHCP	Please attach. Note MHCP should be addressed to a psychologist and not a MHN. This document is only required as collateral history.

Please send referrals to office@mi-mindtrust.com.au or by fax on (07) 4613 0944

One of our team will contact your patient to answer any questions they may have and to book their initial appointment. You will receive a confirmation letter about your referral and the patient's treatment.

If you have any questions, please call (07) 4613 0922, or email the address above.



Phone: (07) 4613 0922

Email: office@mi-mindtrust.com.au

Address: 224 James Street Toowoomba, QLD, 4350

Your GP/other referrer has referred you to Mi-Mind Centre for services to support your mental health and wellbeing. Services provided under this program will require your GP/other referrer to provide some information to Darling Downs and West Moreton PHN and health professionals involved in your care to ensure that you are referred to the service that best suits your needs. Your consent is required for this to occur.

Mental health services funded through the Darling Downs and West Moreton PHN undergo regular review and evaluation by the Department of Health Aged Care which are aimed at informing ongoing service improvements.

This is a requirement of all Primary Health Networks across Australia. To enable the Department of Health and Aged Care and state and territory health departments/agencies to conduct the regular review and evaluation of mental health services, Darling Downs and West Moreton PHN provides de-identified data about services to the Department of Health Aged Care.

Some of the data provided to the PHN and the Department of Health Aged Care includes de-identified personal information such as date of birth and gender. The information provided does not include your name, address or Medicare number. Your personal information will only be provided by Darling Downs and West Moreton PHN to the Department of Health and Aged Care and state and territory health departments/agencies if you give your consent. If you do not give your consent your personal information will not be provided.

The Department of Health and Aged Care and state and territory health departments also uses data collected by Darling Downs and West Moreton PHN to facilitate data linkage and produce statistical and evaluation reports, which are based on summary statistics for our region. These statistical reports contain only combined information from many clients and will not identify any individual. Your consent is not required for the Department of Health and Aged Care and state and territory health departments to include your data in these summary statistics.

Darling Downs and West Moreton PHN is committed to providing you with the highest level of service and confidentiality, and this includes protecting your privacy. Darling Downs and West Moreton PHN is bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which outlines the principles concerning the protection of your personal information.

For more information on how the Department of Health and Aged Care uses your data please refer to their Privacy Policy at <https://www.health.gov.au/resources/publications/privacy-policy>

Patient Consent:

I _____, consent to de-identified, personal information about me being provided to the Australian Government Department of Health and Aged Care, Queensland Health, and the Darling Downs and West Moreton PHN to be used for research and evaluation purposes.

This involves my personal information being used to create a de-identified code that will allow my de-identified information to be linked with other de-identified information for the purposes of research and analysis to improve mental health services in Australia.

This requires details about me such as my date of birth and gender, but will not include my name, address or Medicare number.

I understand that my personal information will not be provided to the Department of Health and Aged Care, and Queensland Health, if I do not give consent.”

I also understand that my consent is not required for the Department of Health and Aged Care and Queensland Health to receive summarised data about my use of mental health services, combined together with data from other clients who also used mental health services funded by the Darling Downs and West Moreton PHN, because this summary data does not use my personal information.

Signature: _____

Date: _____



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