

RIGHT SERVICE RIGHT TIME



CONSENT FORM

To: **Right Service Right Time Coordinator**

Date: _____

I _____ (Client Name)

give consent for Right Service Right Time to consult with relevant agencies to inform and progress this Referral for Services.

I understand that the information will be confidential and used by the Right Service Right Time service pursuant to the Privacy Act 1993, and kept appropriately confidential.

I understand that if the Right Service Right Time service identifies that there are safety issues for me and/or others, it will discuss the concerns with me before releasing information.

I understand that the following agencies may be represented on a panel when my information is discussed; the Response Panel includes, but is not limited to, staff from the following organisations:

- | | |
|-----------------------------|--------------------------|
| Barnardos NZ | Methodist Mission |
| CDHB Mental Health | Partnership Health |
| Child, Youth and Family | Presbyterian Support USI |
| Early Start | Strengthening Families |
| Christchurch Women's Refuge | St. John of God Waipuna |
| START | Te Puawaitanga |

I understand that as long as I am enrolled in Right Service Right Time this consent is valid for a period of one year.

I am aware that I can withdraw from this process at any stage.

Client Signature: _____ Date: _____

Referring Agency: _____