

Darling Downs and West Moreton PHN

Access to Allied Psychological Services (ATAPS) Referral

DARLING DOWNS

GPs who have completed Mental Health Skills Training: 2715 (at least 20mins) 2717 (at least 40 mins)

GPs who have not completed Mental Health Skills Training: 2700 (at least 20 mins) 2701 (at least 40 mins)

Complete the Child ATAPS Referral Form for children under the age of 12 years.

Referring Doctor Details

Provider:	Practice Name:
Provider Number:	Address:
Phone:	Fax:
Date of Referral:	

Preferred Provider

Preferred Provider Name:	
Phone:	Fax:
Date of Referral:	Email:

Please tick ATAPS Service Type

Tier 1. Mild to Moderate Anxiety and Depression
Tier 2. Aboriginal and Torres Strait Islander Mental Health Services
Tier 2. Extreme Climatic Events
Tier 2. Perinatal Depression

Patient Details

Name:	Date of Birth:
Address:	Age:
	Gender:
	Is the child in Out of Home Care? Yes No
Home Phone:	Mobile Phone:
Medicare Number:	Has information about the program been provided?
	Yes No

Emergency contact names and contact details:

Current Medication List:

Allergies and Reactions:

Minimum Data Set information

Optional:

Edinburgh Score:

DASS Score:

GAF/CGAS Score:

Kessler 10:

Other:

Referred for which strategies (select all that apply):

Diagnostic Assessment:

Psycho-Education:

Interpersonal Therapy:

Narrative Therapy:

Cognitive Intervention:

Behavioural Intervention:

Relaxation Strategies:

Skills Training:

Other CBT Interventions:

Receiving Psychotropic Medication (select all that apply):

None:

Benzodiazepines & Anxiolytics:

Anti-depressants:

Phenothiazines & Major Tranquilisers:

Mood Stabilisers:

Other:

Mental Health Care Plan

Formulation – Main Problem / Diagnosis:	
Goals:	Actions / Treatments:
Crisis / Relapse Prevention Plan Discussed:	
Yes No	
Details:	
Was a copy of the plan offered to the patient?	Yes No

Indicate who is consenting to collection, use, and disclosure of personal health information.

Patient is consenting – adult patient: Yes No
Patient is consenting – child / adolescent patient: Yes No
(patient / guardian consent has not been sought)
Patient’s guardian consent has been gained – child / adolescent patient: Yes No

I agree to information about my name, date of birth and mental health and wellbeing status being collected, used and disclosed to West Moreton-Oxley Medical Local, Artius Health and the health provider(s) to whom I am referred to assist in the management of my health care.

I am also aware that statistical information (that will be de-identified / will not identify me) is being collected and used to assist in improving this program, and I agree to this de-identified information being collected and shared.

Patient Name: _____ Date: _____

Patient Signature: _____

Parent / Legal Guardian Name: _____ Date: _____

Parent / Legal Guardian Signature: _____

DD & WM PHN is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy.

DD & WM PHN and subcontracted agencies and providers are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which set out a number of principles concerning the protection of your personal information.

The ATAPS Program is part of the DD & WM PHN Program. In the DD & WM PHN region, Mental Health Providers are contracted to deliver the program. Your doctor / GP has referred you to the ATAPS Program to access Focussed Psychological Services for a mental health concern. Participation in ATAPS will require your GP to provide some background information about you to the mental health provider and upon completion of the treatment your mental health provider will provide a report to your GP about your treatment. This information will be securely transferred by the DD & WM PHN to a health service provider used by the DD & WM PHN to manage new referrals to the ATAPS program. The DD & WM PHN and the Service Provider will manage your information in accordance with the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000 and their policies and procedures.

Participation in the ATAPS program requires the above personal and health information being used by the DD & WM PHN and the Service Provider to assess whether the ATAPS Program is meeting its aim. Participation in the ATAPS program also requires that some information will also be provided to the Australian Government's Department of Health and Ageing, who are funding this program however, your name and all other identifiable information will not be passed on.

For the purpose of program evaluation, some of your personal information will also be used by the DD & WM PHN who manage the program funding by the Australian Government Department of Health and Ageing to deliver the ATAPS program within the Darling Downs and West Moreton region. This information will include your name and date of birth as well as information about the type of mental health concern you are experiencing.

Access to Information

Upon written request you may access the material recorded in your file. Permission will need to be obtained from the Mental Health Providers who have supplied the information on your file. Your written request will be responded to within 30 days and an appointment may be made for clarification purposes. Alternatively, you are encouraged to speak to your Mental Health Provider to request access to this information.

Confidentiality

DD & WM PHN is committed to maintaining the highest level of confidentiality in protecting your privacy. The Commonwealth Government has legislation and principles which regulate DD & WM PHN's use of your personal information.

All personal information gathered by DD & WM PHN and the Service Provider will remain confidential except when it is a legal requirement to disclose information that would place you or another person at risk; or when your written consent has been obtained to release the information to a third party.

Case Conference

Your GP and Mental Health Professional may consult or liaise with each other regarding your health concerns. The content of these discussions will remain confidential between your GP and ATAPS provider. Your GP may consult a psychiatrist as part of your Mental Health Plan. Your GP will discuss this action with you first with all information shared remaining confidential between your GP and the psychiatrist.

Withdrawal

If you decide not to be involved in the ATAPS program this will not affect the treatment you receive from your GP in any way. You may withdraw from the program at any time by notifying your GP or ATAPS Provider that you no longer wish to participate.

Complaints or concerns

If you have a concern about the management of your personal information, please initially discuss this with your Mental Health Provider. If you are not satisfied with their response, please feel free to phone the PHN on 07 4688 8155.