

CONFIDENTIAL CLIENT RECORD



PERSONAL DETAILS that we need to provide a service

First Name		Last Name	
Mobile Phone		Email Address	

Please read and sign consent form on page 4

First Meeting Date		Record Entry Date	
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PLEASE NOTE: Consistent with MSBOP Confidentiality Policy¹ it is every survivor’s right to withhold all or any of the information requested below; disclosure is VOLUNTARY, and any information disclosed must be secured and a copy of the information held must be available to the survivor on request.

There is an alternative Service Information form² available to obtain a survivor’s consent to receive services and a Charter of Client Rights³ to inform survivors of their rights when receiving those services

PERSONAL DETAILS that will help us to know you and work with you

Middle Name		Known As	
Date of Birth		Place of Birth	
Gender		Marital Status	
Ethnicity		Iwi	
Street Address			
Suburb		Town/City	
Post Code		Home Phone	
Employ-Status		Work Phone	
Occupation		Peer Worker	
Offender		ACC Number	

OTHER RELEVANT RELATIONSHIPS that will help us support you

Referral/Contact		Agency/Organisation	
Role		Phone	
Social Worker		Contact	
Counsellor		Contact	
Other Service		Contact	

¹ <https://malesurvivorbop.nz/wp-content/uploads/2019/09/MSBOP-Confidentiality-Policy-28.06.2019.pdf>

² URL to be added

³ Charter of Client Rights – <https://malesurvivor.nz/>

HISTORICAL DATA that will enable research for the benefit of all male survivors

What was the gender of the perpetrator?	Male	Female	Other
Was there a relationship with the perpetrator?	Whanau	Other:	
At what age(s) did the abuse/violence occur?	Child	Adult	Both
Did the abuse/violence occur within a care situation?	State	Religious	Other
Was the offending reported and who to?	Police	State	Other
Was the perpetrator charged?	Yes	No	Unsure
Was the survivor a victim of other abuse?	Physical	Mental	Emotional
Was the survivor also a perpetrator?	Yes	No	Unsure

ISSUES THAT MAY NEED SUPPORT and will help us focus on what matters

Employment	Education	Financial	Accommodation
Relationship	Cultural	Gambling	Family Violence
Physical Health	Drugs	Alcohol	
	Other:		
Mental Health	Anger	Anxiety	Depression
	PTSD	Isolation	Suicidal

Circle those that need attention

ADDITIONAL INFORMATION

My Current Circumstances and Critical Issues

MY WAY FORWARD – Moving Towards

My Hopes and Aspirations for the Future
Where to from here...My Next Steps
Managing my risks and issues...Keeping Me Safe
Risk:
Management Plan:
Risk:
Management Plan:
Risk:
Management Plan:

SUPPORT SERVICES OFFER

(Please delete those that do not apply)

Peer Support: One-on-One Meetings	Peer Support: Group Meetings
Next Meeting:	Peer-Worker/Host:
Social Work Support	Counselling Support
Other Support:	

CLIENT CONSENT

I, _____

consent to the above information, which I have disclosed on a voluntary basis, being held by MSA, in confidence and in a secure location for the following purposes:

- To enable MSA to provide me with effective support services;
- To enable MSA to respond appropriately to receiving information that implies, or situations that pose, a serious threat to my safety and/or wellbeing;
- To enable MSA to respond to legitimate requests from Government Agencies that have the necessary statutory authority to request MSA to provide the information; and
- To enable MSA to provide Government Agencies with the audit information that is required to assure funding for the support services you receive from MSA

I am aware that:

- MSA have an official complaints process that I can access if I have any concerns about the unconsented or unlawful disclosure of this information;
- Some statistical information about my support services may be collected to help MSA and its Member Organisations provide more effective support services but this information will not be identified with me.

Signed by the Survivor		Date	
Signed by the Client Parent or Guardian		Date	
Signed by Peer-Support-Worker		Date	