

CONFIDENTIAL CLIENT RECORD

PLEASE NOTE: Consistent with MSBOP Confidentiality Policy¹ it is every survivor's right to withhold the information requested below; disclosure is VOLUNTARY, and any information disclosed must be secured, available to the survivor and deleted on request by the survivor.

There is an alternative 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		Entry Date	
First Name		Last Name	
Middle Name		Known As	
Date of Birth		Place of Birth	
Gender		Marital Status	
Ethnicity		Iwi	
Home Phone		Work Phone	
Mobile Phone		Email	
Address - Street		Suburb	
Town/City		Post Code	
Referred By		Peer-Worker	
Offender		ACC Number	
Employ-Status		Occupation	

OTHER RELEVANT RELATIONSHIPS

Referrer/Contact		Agency/Organisation	
Role		Phone	
Social Worker		Contact	
Counsellor		Contact	
Psychologist		Contact	
Other		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 – e-pub URL to be added

HISTORICAL DATA

What was the gender of the perpetrator?	Male	Female	Other
Was there a relationship with the perpetrator?	Whanau	Guardian	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 client a victim of other abuse?	Physical	Mental	Emotional
Was the client also a perpetrator?	Yes	No	Unsure

ISSUES THAT MAY NEED SUPPORT (Delete as appropriate)

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

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:	Group/Peer-Worker:
Social Work Support	Counselling Support
Other Support (Specify)	

CLIENT CONSENT

I, _____

consent to the above information being held by MSBOP, in confidence and in a secure location until I request it to be destroyed, for the following purposes:

- To enable MSBOP to provide me with effective support services;
- To enable MSBOP to respond appropriately to receiving information that implies, or situations that pose, a serious threat to my safety and/or wellbeing;
- To enable MSBOP to respond to legitimate requests from Government Agencies that have the necessary statutory authority to request MSA to provide the information; and
- To enable MSBOP 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 MSBOP have an official complaints process that I can access if I have any concerns about the unconsented or unlawful disclosure of this information

I am aware that some statistical information about my support services may be collected to help MSBOP provide more effective support services but that 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	