

Clinical Referral – This information will be provided to Hobsonville Addiction Services Limited.

Date	
Referring Organisation	
Business Unit & location	
Referring Manager	
	Email:
	Phone:

Employee's name	
	Phone:
	Email:
Employee's Address	
Employee's role	

Brief outline of the reason for this referral:

Other relevant information:

What outcome(s) are sought as a result of this referral and report?

**Request and consent for Release of Information**

I understand my Employer is asking for information and interventions that will

- support me to make positive changes.
- inform them about actual or potential risk factors in regard to workplace health and safety.

My Employer is referring me to Hobsonville Addiction Services Limited for (tick one or both as appropriate):

- participation in a programme that will inform and support me to make positive lifestyle and behavioural choices and/or.
- a formal Alcohol and Other Drug Assessment.

I give my consent to my Employer releasing to Hobsonville Addiction Services Limited the information detailed overleaf and any other relevant information including but not limited to the results of my workplace tests for alcohol or other drugs.

I understand that Hobsonville Addiction Services Limited may disclose this personal information about me to

- the Registered Practitioner(s) contracted to support me
- the person(s) and organisation(s) listed below
- any other entity it may be legally required to disclose such information to
- to any other person(s) or organisation(s) they consider reasonable in order to manage any actual or potential risk to me or others.
- I also understand that I will be engaging with **Drug and Alcohol Practitioners Association on Aotearoa New Zealand (DAPAANZ) Registered Practitioner(s)** who are bound by the [DAPAANZ code of ethics](#) . The Registered Practitioner(s) are solely responsible for the preparation of any report(s) and their contents including findings and recommendations which will be based upon their own assessment of the information provided to them by my Employer and myself, my attendance and my engagement in group and/or individual sessions. The Registered Practitioner(s) will, as a courtesy, make an effort to read or show me a copy of any report prior to submitting it to my Employer. If an email address is shown for me above, a copy will automatically be sent to me at the same time it is sent to my Employer. If there is no email address is shown above, then I may request a copy of the report from my Referring Manager. I can offer my views of the report to my Referring Manager in writing within 7 x days of the date of the Report.
- Hobsonville Addiction Services Limited and my Employer retain all rights to any report prepared.
- I give my permission for Hobsonville Addiction Services Limited to release any report(s), including recommendations and other supporting information arising from this referral to the following people:
  - My employer including the Referring Manager and any other relevant senior personnel
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Signature of Employee granting consent to release of information:	
Signature of Referring Manager:	
Date:	