

PRIVACY ACT

By signing this form, the client is giving permission for information to be used for the following purposes:

- By staff of the STOP Adult Services for the purposes of the service delivery.
- Information may be shared with other professionals where it is considered to be in the best interests of the individual concerned and for matters of safety.
- Existing information held by the STOP Adult Services as a result of earlier consultations may also be used to help provide appropriate services.
- Funding agencies may also have access to client's files from time to time for purposes of clinical audits.

Please forward this referral form and the information requested above to:

Elizabeth Scott
Team Leader
STOP Adult Services
PO Box 9158
Tower Junction
CHRISTCHURCH 8149

Phone: (03) 339 4567
Email: info@stop.org.nz

Signature of client

Date

Please note:

You will receive a receipt to confirm we have received your referral.
If you do not receive this within 2 working days of submitting your referral to us,
please contact our offices