

# FAQ - USE OF THE NHI, FAMILY/WHĀNAU INVOLVEMENT & PRIMHD RECORDING PROCEDURES

## Background:

Several FAQ scenarios have been developed to help clarify the recording of PRIMHD data by mental health NGO providers where family/whānau are involved in referrals and treatment. The use of the service user's NHI number as well as related consent and privacy issues are also explored.

### Key messages

#### 1. USING THE NHI NUMBER TO RECORD HEALTH DATA

The NHI number is a unique identifier - Rule 12 of the Health Information Privacy Code places limits on who can use the NHI number as a unique identifier.

All health agencies that have a contract with a DHB (or the Ministry of Health) to provide health or disability services are permitted to use the NHI number as a unique identifier. The health agencies that contribute data to PRIMHD all have a contract with a DHB (or the Ministry) to provide health or disability services and so are permitted to use the NHI number as a unique identifier.

It is not necessary to ask for an individual's permission in order to record health information about that person under their NHI number.

#### 2. CONSENT AND REPORTING PRIMHD DATA.

Although there is no legal requirement to obtain an individual's consent before collecting health information about him or her; there is a legal requirement to collect the information directly from the individual unless certain exceptions apply.

##### *a. when collecting health information directly from the client:*

The health agency collecting the information is required to take reasonable steps to ensure that the individual is aware of these matters:

- a. the fact that the information is being collected
- b. the purpose for which the information is being collected; (i.e. the clinical purpose and to provide data to PRIMHD)
- c. the intended recipients of the information; (Ministry/PRIMHD)
- d. the name and address of:
  - (i) the health agency that is collecting the information (NGO)
  - (ii) the agency that will hold the information (NGO, Ministry)
- e. whether or not the supply of the information is voluntary or mandatory and, if mandatory, the particular law under which it is required
- f. the consequences (if any) for that individual if all or any part of the requested information is not provided; and
- g. the rights of access to, and correction of, health information

Because the NGO will be collecting the information both on its own behalf (to provide care and support) and on the Ministry's behalf (for PRIMHD), the NGO needs to inform the service user that one of the purposes for collecting the information is to give it to the Ministry for the purpose of maintaining the national PRIMHD database.

Giving the service user the Ministry pamphlet on PRIMHD (*to be made available in March 2010*) will inform him or her of these matters.

***b. when collecting health information from someone other than the client:***

If it is not reasonably practicable to collect the health information directly from the individual concerned, then it is permissible to collect it from other sources (such as family/whānau).

If unsolicited information about an individual is received, there is no legal requirement to obtain the individual's consent to record this information. However, it is usually advisable to check the accuracy of the information with the individual concerned.

### **3. CONSENT – AGE DEPENDANCY?**

The rules regarding the collection of health information are generally the same for both children and adults. However, one of the permissible reasons for collecting information from someone other than the client is that the individual authorises collection of the information from someone else (having been made aware of the matters in 'a' to 'g' under section 2a on the previous page).

For children under the age of 16, the child's parent or guardian can stand in for the child for this purpose "(as the child's representative) if the child is unable to give his or her authority. However, the provider would have to be of the opinion that, due to age or disability, the child was unable to give his or her authority. This might not be the case for a young teenager.

PRIMHD has fields that can be used for children who have been referred for treatment to indicate, (by Activity Type), whether the child was present or not, and whether the family was present or not. In each case, the information is always recorded against the child's NHI number.

## **Scenario One:**

*A young person who has mental health problems has been referred to an NGO. The family/whānau is seeking assistance from the health agency to enable the family/whānau to help the young family member (for example, getting information on strategies to encourage the young person to take his or her prescription medicine).*

- Primarily this service or assistance is being provided to help with the treatment of the young person and should be recorded in PRIMHD as a service reported against the NHI number of the client (the young person).

[Note: If a family member seeks assistance to enable him or her to cope with their own mental or emotional issues, which have been caused by the stress of having to look after a young family member, the person receiving the service is the family member (not the young person) and the service should be recorded against the family member's NHI number as this becomes a separate referral.]

## Scenario Two:

*The young person has been referred to the service, but has not yet attended their first appointment and has not signed the NGO Health Agency consent form [see additional notes about consent below]. The family/whānau approaches the health agency for assistance (for example, seeking some strategies as to how they might encourage the young person to attend an appointment or how they might support the young person at home).*

- As the referral has been received by the NGO for the purpose of the young person receiving a health service, it should be reported to PRIMHD.
- Any contact with the family/whānau (i.e. seeking assistance to help the young person) should be reported to PRIMHD (recorded against the young person's NHI number).
- As the appointment was made for the young person but they did not turn up, then this should be reported to PRIMHD using the T35 Activity Type Code.

Code	Description	Code Valid From	Code Valid To	Note
T35	Did not attend	01-07-2008	30-06-2011	The consumer did not participate in the activity

- The referral should be closed once no further contact is made, either with the young person or with family/whānau. There is a referral end code to identify that the young person did not attend at all in relation to the referral (*DM in Referral End Codes*).

### 2.3.1.3 Referral End Code

Details describing the exit of a consumer from a mental health or addiction service.

Code	Description	Code Valid From	Code Valid To	Note
DM	Consumer did not attend following the referral.	01-07-2008	30-06-2011	New code 2008.

## Scenario Three:

*The young person has been referred and has attended their first appointment. They have completed the agency's consent form. After attending one or more appointments, they have not attended subsequent appointments. The family/whānau approaches the health agency for assistance.*

- As in Scenario Two, the referral has been received by the NGO, so it should be reported to PRIMHD.
- Any contact with the family/whānau (i.e. seeking assistance to help the young person) should be reported to PRIMHD (recorded against the young person's NHI number).
- Any appointments that have been attended by the young person have activity reported to PRIMHD (*T42 or similar in Activity Type Codes*).

Code	Description	Code Valid From	Code Valid To	Note
T42	Mental health individual treatment attendances: Whānau/family not present	01-07-2008	30-06-2011	Individual assessment, treatment, care planning, review and discharge services. Neither Family/whānau nor significant other are present. <b>Note:</b> T42 replaces MHINC T06 individual services <b>without</b> whānau/family being present.

- The fact that an appointment was made for the young person but they did not turn up should be reported to PRIMHD (*T35 in Activity Type Codes*).

Code	Description	Code Valid From	Code Valid To	Note
T35	Did not attend	01-07-2008	30-06-2011	The consumer did not participate in the activity

- The referral should be closed once no further contact is made, either with the young person or with family/whānau. The referral end code to use is *DR in Referral End Codes*.

#### 2.3.1.3 Referral End Code

Details describing the exit of a consumer from a mental health or addiction service.

Code	Description	Code Valid From	Code Valid To	Note
DR	Ended routinely	01-01-1900	30-06-2011	Maps to MHINC Code C. Discharge by team - completion of treatment associated with all service codes utilised by this consumer at this team.

## Scenario Four:

*The young person (with a mental health problem) has not sought help but the family/whānau approaches the health agency seeking help to cope with their own mental or emotional issues, which have been caused by the stress of having to look after a young family member.*

- As previously mentioned in scenario one, if a family member seeks assistance to enable him or her to cope with their own mental or emotional issues, which have been caused by the stress of having to look after a young family member, the person receiving the service is the family member (not the young person) and the service should be recorded against the family member's NHI number - this becomes a separate referral.