

Complaint Status C11HDC01  
Open



Complaint  
Printed Version

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**Summary**

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**Status Information**

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Date Opened to Date Closed	12/08/2011 to
Assigned To	Auckland Assessment Team
Duration	4 days
File Current Stage	Under assessment
Complaint Type	Non Investigation

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**Complaint Details**

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Primary Issue	Treatment
Complaint Keywords	Inadequate treatment, Accuracy of report/certificate, Quality of records

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**Outcome Information**

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Overall Outcome  
Outcome Details

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**Mediation Information**

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Date Started to Date Ended to  
Mediation Successful

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**Provider Summary Information**

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Waitemata District Health Board

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**Contact Information**

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M. [REDACTED] (Consumer Complainant)

Phone	Correspondence
Phone (H) [REDACTED]	Organisation
Phone (W) [REDACTED]	Unit/Street [REDACTED] Street
Mobile	Suburb
Fax	City Auckland
Email	Postcode 1
	Region Auckland

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**Provider Information**

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Waitemata District Health Board

Contact Dave Davies(Chief Executive Officer)

Phone	Correspondence
Phone (H)	Organisation Waitemata DHB
Phone (W)	Unit/Street Private Bag 93503
Mobile	Suburb
Fax	City North Shore City
Email	Postcode 0740
	Region Auckland

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Information removed under section 9(2)(a) of the Official Information Act to protect the privacy of the individual concerned.

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**Details**

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Service Type	Health	Mode of Contact	Letter
Service Type Category	Mental health services	Referral Method	Not known
Complaint Period	01/02/2008	Source	Health consumer
	to	File Colleague	
		Hard File With	Auckland
		Delegation	
		Select Consumer Survey	No
		Select Provider Survey	No

**Detailed Description**

[redacted], who has [redacted] depression and anxiety, has been receiving treatment for his alcohol dependency at [redacted] since 2008.

Believes his counsellor, M. [redacted]

- refused to acknowledge and address his professional deficiencies.
- failed offer [redacted]; "a more competent alternative for counselling of alcohol dependency".
- failed to give [redacted] the psychological, emotional and practical support he needed throughout recurrent episodes of serious crisis.
- failed to take into account [redacted]'s non-compliance with his medication regime when providing him with counselling;
- incorrectly categorised [redacted] as "low risk for self harm"
- entered incorrect and biased details in [redacted]'s records, resulting in misinterpretation and inaccurate assessments of [redacted]'s condition by other health professionals who relied on M [redacted]'s observations.

[redacted] is also concerned that that fill-in counsellor, L. [redacted], failed to document important details relating to his misgivings about his treatment and suicidal ideation on his client file.

[redacted] s requests for errors in his client file to be corrected have not been met by [redacted]

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**Letter**

Created on: 15/08/2011 12:22:

**Acknowledgement complaint received**

Modified on: 15/08/2011 12:24

**Number C11HDC**

**Document**

**Details**

Subject:	Acknowledgement complaint received	Draft date:	15/08/2011
Assigned to:	Mi /HDC/NZ	Sent date:	15/08/2011
Duration:		Due date:	
Contact with:	Mr		

**Details**

Open document x:\IECDS document repository\2011 documents\C11HDC Letter Acknowledgement complaint receivedMSMH-Change Document Path

**Edit History**

**Edit History**

Created on: 15/08/2011 12:22:51 p.m. by: M S

Modified on: 15/08/2011 12:24:31 p.m. by: M S

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