

**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:\ECDS document repository\2011 documents\C11HDC\Letter\Acknowledgement complaint received\MSMH-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

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Complaint Status C11HDC0 Open



Complaint Printed Version

Summary

Status Information

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

Complaint Details

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

Outcome Information

Overall Outcome  
Outcome Details

Mediation Information

Date Started to Date Ended to  
Mediation Successful

Provider Summary Information

Waitemata District Health Board

RELEASED UNDER THE OFFICIAL INFORMATION ACT



---

**Contact Information**

---

**M. [REDACTED] (Consumer Complainant)**

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

---

**Provider Information**

---

**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

---

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

---

**Details**

---

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

**Detailed Description**

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

Believes his counsellor, M.

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

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

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

---