

Reporting Requirements

Document	Administered by		Schedule	Where to send:	
	TPAV	Clinician		VicPol	AFP
Intake					
Intake assessment	x			Complete in Halaxy	Complete in Halaxy
Allocation to Clinician					
Pre-assessment Information Letter, including: <ul style="list-style-type: none">BlueHub Services Informed ConsentResearch Consent FormSelf-report outcome measures	x		Once client is allocated to a BlueHub clinician	Client email	Client email
Assessment and Treatment Planning					
Assessment and Case Formulation		x	Within 10 business days on completion of the initial assessment Note: this can be completed over 1-3 sessions	Complete in Halaxy	Complete in Halaxy
Assessment Summary and Treatment Plan		x		bluehub@gbtpa.com.au IMC-operations-mgr@police.vic.gov.au and GP if consented	general.enquiries@comcare.gov.au SHIELD-injurymanagement@afp.gov.au Psych-southcommand@afp.gov.au and GP if consented
Authority to Release and Collect Information		x		Client email	Client email
Risk Assessment and Management Plan		x		Complete in Halaxy	Complete in Halaxy
Treatment					
Risk Assessment and Management Plan		x	As required	Complete in Halaxy	Complete in Halaxy
Treatment Review		x	After every 6 months	bluehub@gbtpa.com.au and GP if consented/applicable	SHIELD-injurymanagement@afp.gov.au
Discharge					
Discharge Plan		x	On discharge	bluehub@gbtpa.com.au IMC-operations-mgr@police.vic.gov.au and GP if consented	general.enquiries@comcare.gov.au SHIELD-injurymanagement@afp.gov.au and GP if consented
Risk Assessment and Management Plan		x	As required	Complete in Halaxy	Complete in Halaxy
Other					
Adverse Events Notification Form*		x	As required	bluehub-intake@tpav.org.au	bluehub-intake@tpav.org.au
Adverse Events Registry		x	As required	bluehub-intake@tpav.org.au	bluehub-intake@tpav.org.au