

Telehealth Client Consent Form

In addition to our general "Confidentiality and Consent Form", which includes information about confidentiality and its limits, information storage, informed consent to treatment, and consent to exchange information, we ask that you read and sign this specific Telehealth Client Informed Consent Form.

If you would like a copy of the general Confidentiality and Consent Form, please let us know.

By signing this consent form, I agree that:

I understand that the benefits of telehealth/video conferencing therapy sessions can include:

- Continued access to my psychologist.
- Continued therapeutic support as part of my treatment plan.
- Avoiding the need for me to travel to my psychologist.

I also understand that there are potential risks and downsides of telehealth/video conferencing therapy sessions and that these can include:

- Telehealth/video conferencing may not feel the same as face-to-face sessions.
- Technical problems could affect the video/sound quality or connection, which may disrupt the session in some ways.
- Although my psychologist chooses video conferencing software, which has end-to-end encryption and high-security standards, there is still a small risk of hacking or others tapping into the video connection.

I understand that my psychologist is taking the necessary precautions to ensure confidentiality, including:

- Ensuring the privacy of the telehealth session is upheld in the same way an in-person session would be, by choosing a private location or using headphones.
- Not allowing any voice or video recording of the session.

I have been informed of and understand the payment and or Medicare processes for my telehealth session, and I consent to comply with these.

I understand that I can ask questions about the telehealth session anytime.

I understand that attending a telehealth/video conferencing session is not compulsory, and I can withdraw consent at any time.

If I do not wish to continue or if technical difficulties interfere with the session to the point where we cannot continue, a phone consultation will be offered as an alternative.

Client Name (or Name of Parent/Carer if under 18): _____

Signature (or Signature of Parent/Carer if under 18): _____

Date: ____ / ____ / ____