**THERAPY SERVICES**

**Telehealth Client Consent Form**

**Consent for a Psychological Telehealth Service**

As part of providing a psychological service to you, SAL Consulting needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

A detailed description of how your personal information is managed, how you can access your personal information, and how to lodge any concerns or complaints about this service or how your personal information is managed must be provided to you by your health professional on request.

**Disclosure of Personal Information**

Personal information gathered as part of this service will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
   1. provide a written report to another professional or agency. e.g., a GP or a lawyer; or
   2. discuss the material with another person, eg. a parent, employer or health provider; or
   3. disclose the information in another way; or
4. you would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
5. disclosure is otherwise required or authorised by law.

**Provision of a Telehealth Service**

Where appropriate the service may be provided by telephone or videoconferencing. You are responsible for the costs associated with setting up the technology needed so you can access telehealth services. SAL Consulting will be responsible for the cost of the call to you and the cost associated with the platform used to conduct telehealth services.

To access telehealth consultations you will need access to a quiet, private space; and the appropriate device, i.e. smartphone, laptop, iPad, computer, with a camera, microphone and speakers; and a reliable broadband internet connection.

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information this practice uses Corporate Zoom which is compliant with the Australian standards for online security and encryption.

**Limitations of Telehealth**

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the psychology session. In addition, there may be some services for which telehealth is not appropriate or effective. Your psychologist will consider and discuss with you the appropriateness of ongoing telehealth sessions.

**Fees**

The session will be bulk-billed to Medicare with no cost to you.

**Cancellations**

If you need to cancel or postpone your appointment, please give the psychologist as much notice as possible.

**Consent to receive Psychological Services by Telehealth**

I have been provided with information about the service including the limitations to privacy and confidentiality and I have agreed that in circumstances where the psychologist is concerned about my welfare and is unable to contact me permission is provided for the psychologist to contact the following person:

I, (print your name in Block Capitals)

have read and understood the information in this Consent Form and have discussed any outstanding questions with the practice/psychologist. I agree to the above conditions for telehealth psychological services to be provided by SAL Consulting

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Signature:** |  | **Date:** |  |

OR where signature is not possible psychologist’s confirmation of verbal consent:

I have discussed the information in this consent form with the client and received verbal consent to proceed with telehealth services.

|  |  |  |  |
| --- | --- | --- | --- |
| **Psychologist Signature:** |  | **Date:** |  |

**More Information**

SAL Consulting is an organisation that is focused on providing customised support to people and agencies within the health and community services sector. For more information about our services and practitioners, please refer to our website [www.salconsuting.com.au](http://www.salconsuting.com.au).