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## Telehealth Consent Form

### Consent for a psychological telehealth service

This Telehealth Consent Form applies in addition to the Client Consent Form.

### 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. Mullumbimby Psychology 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 Healthdirect (where possible) which is compliant with the Australian standards for online security and encryption.

Both the psychologist and client agree that no recording of the session will take place, in order to ensure confidentiality is maintained.

### 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.

It is your responsibility to ensure your software is up to date and a "test call" has been undertaken BEFORE the session to minimise the time spent dealing with technical difficulties (i.e. the therapy session begins from collection from the waiting room, not when you get your devices in operation).

### 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 my nominated emergency contact 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 my psychologist at Mullumbimby Psychology.

Client signature ..... Date ...../...../.....  
(Or signature of guardian if under 18 years of age)