



Informed Consent for Telehealth

Consent for the Provision of Psychological Services through Telehealth (Telehealth) Spectrum House

What is the purpose of this form?

The purpose of this form is to provide information to you about, and to obtain your consent to participate in, a telehealth consultation with your psychologist.

What is Telehealth?

Telehealth is the use of telecommunication to provide psychological services to clients. Spectrum House clinicians may utilise other formats, such as email, for related communication in conjunction with videoconferencing to administer client sessions in real-time.

What does a telehealth consultation involve?

A telehealth consultation usually involves some, or all, of the following:

- Your psychologist will discuss your health and your health history with you and, where appropriate, will offer information and advice;
- You may bring a support person with you, as you might in a face to face consultation; and,
- You are not permitted to video or audio record the consultation, unless your psychologist gives you written consent to do so.

What are the potential benefits of telehealth?

Telehealth might:

- Increase continuity of care when on-site sessions are unavailable,
- Improve access to psychologist services;
- Decrease length of time between possible face to face consults,
- Offer the opportunity to show your psychologist environmental considerations relevant to your mental health,
- Increase your level of comfort by being in your home environment
- Reduce your need for travel; and/or
- Decrease exposure to infectious disease.

What are the potential risks of telehealth?

Telehealth might:

- Be negatively impacted by technical problems, such as delays due to technology failures;
- Not offer the same visual and sound quality for observations and modelling;
- Increase exposure to privacy and digital security risks (see next section).

Will my privacy be protected?

This practice is subject to the Privacy Act 1988 and must comply with obligations related to the collection, use and disclosure of personal information, including through telehealth. The psychologist must maintain confidentiality and privacy standards during sessions, and in creating, keeping and transmitting records.

While the psychologist is obligated to meet standards to protect your privacy and security, telecommunication, including video conference, may increase exposure to hacking and other online risks; as with all online activities, there is no guarantee of complete privacy and



security protection. You may decrease the risk by using a secure internet connection, meeting with the psychologist from a private location, and only communicating using secure channels.

What does informed consent mean?

There are a few important principles related to informed consent:

- You must be given relevant information. Ask the psychologist if you have questions about telehealth and the services offered.
- You have the right to understand the information. Ask the psychologist if you do not understand.
- You have the right to choose. If you do not agree to telehealth, you may refuse to participate. You may agree to or refuse specific activities.
- You have the right to stop using telehealth anytime. You can change your mind about telehealth or a specific activity or procedure, even in the middle of a session.
- You can agree or refuse in writing or verbally. You may give your consent using the form below. You may also give consent or change your mind by telling the psychologist. Consent and refusal that you give verbally will be documented by the psychologist.
- You can ask about alternatives to telehealth. If you refuse or change your mind about telehealth services, your psychologist will discuss any other options with you. The psychologist may or may not be able to offer alternative services.

Written Consent for the provision of service via telehealth:

As an alternative method in the delivery of psychological services, Spectrum House requests your permission to provide services via a third party telehealth platform.

By signing the consent below, you:

- acknowledge that this consent is in addition to Spectrum House's Parent/Legal Guardian and/or Adult consent form. It does not replace Spectrum House's Parent/Legal Guardian and/or Adult consent form;
- understand that although there is solid research into using telehealth in psychology, some practise areas of psychology have limited evidence with respect to telehealth service delivery; that telehealth at times may not deliver the same outcomes as face-to-face consultations;
- permit to the use and/or transfer of information for psychological services via telehealth as outlined above;
- will not hold Spectrum House liable for any error(s) incurred by third party telehealth platforms (including errors relating but not limited to transmissions, privacy, connectivity etc.);
- understand that it is your sole responsibility to determine eligibility of any rebates through funders for telehealth services (i.e. Medicare, private insurers, NDIS, school funding etc.); take full responsibility for the payment of consultation fees to Spectrum House as per our Terms of Trade, should funders refuse/reject rebates for telehealth services rendered;
- will not record or reproduce any telehealth session without prior written consent from Spectrum House;
- will ensure reliable connectivity of internet is available to conduct the session. Spectrum House takes no responsibility for service or connectivity errors during the allocated consultation;



- ensure availability of latest technologies including connectivity, software, computer, microphone, speakers etc.;
- will notify representatives from Spectrum House of all persons within your room and/or listening to the psychological session prior to the session or at any time should additional people enter the room;
- take responsibility for the behaviour management of children during the session including use of motivational activities, where applicable (for paediatric services);

Consent for psychological services via telehealth:

I, _____(named below), consent to Spectrum House undertaking psychological services via telehealth for _____ (name of client) as outlined in Spectrum House's Informed Consent for Telehealth Form. I understand that at any time I can withdraw consent of the psychological management via telehealth by discussing this with the psychologist and/or Director of Spectrum House. I understand that withdrawal will not affect my relationship with Spectrum House.

Please tick all that apply:

- I agree to receive psychological services via telehealth.
- I understand that I may agree or refuse any service or part of a service at any time. I can agree or refuse in writing or verbally.

Client Name: _____

Date of Birth _____

Parent/Legal Guardian's Name: _____

Signature: _____

Date: _____