

Telehealth Consent Form

Psychological Service

As part of the psychological service provided to you, your psychologist will need to collect and record relevant personal information from you. This information is a necessary part of any psychological assessment and treatment that is conducted.

Access

You may have access to material recorded in your file at your request, subject to exceptions in National Privacy Principle 6.

Confidentiality

All confidential information gathered by the psychologist during the provision of psychological service will remain confidential and secure except when:

- It is subpoenaed by a court; or
- Failure to disclose the information would place you or another person at personal risk

Psychologists working with various funding systems, such as Medicare, workers compensation or motor vehicle accident schemes, are required to provide regular reports. These reports are typically provided to referrers and other involved parties. At times we may be contacted to provide information about you, and in these cases we will seek your prior approval before providing information. Typical examples would be to provide a written report to another agency, such as CRS or the Guardianship Tribunal; provide a written report to a solicitor acting for you or an insurance company; or to discuss material with another person, such as an employer, spouse or parent

Communication

Communication about your care, including letters and reports, may occur as mailed paper copies, or it may occur as electronic communication with or without attached correspondence.

As part of maintaining quality of care and best practice standards consistent with the relevant code of ethics, your treating psychologist may discuss your treatment as part of professional and/or clinical supervision. This may be with other qualified colleagues or as part of formal external supervision.

If you are attending the pain clinic your treatment may be discussed with other members of the pain team as part of the ongoing multidisciplinary approach the clinic takes towards managing chronic pain.

Storage of Information

The information you provide will be stored electronically in a secure format and only accessible to your treating psychologist and the practice manager, who may do so in the course of ensuring ongoing high-quality service and professional systems of practice.

The practice and pain clinic collect de-identified data for the purpose of measuring outcomes. This data may also be used as part of research programmes and may form part of published research. Any data collected for this purpose will not contain any identifying data such as names, dates of birth, and so on.

Payment and Cancellation Policy

All services will be invoiced to you, or your insurer with prior agreement, at the time of provision of the service. Payment should be made at the time of invoice. Please note that in the case of non-payment for a service for which you are responsible (i.e. where another person or entity has not provided prior agreement to pay for the service), your contact details may be given to a third party for collection of monies owed.

If you need to cancel or postpone an appointment, please give at least forty-eight hours notice, otherwise you may be charged for the full cost of the session. Please note that insurance companies do not pay for missed appointments and therefore you may be liable for the cost of an appointment missed without adequate notice.

Privacy in Online Communications

The privacy of any form of communication via the internet or a mobile device is potentially vulnerable and limited by the security of the technology. We use Zoom Health which meets the HIPAA standards for telehealth.

Please be aware that email communication is not secure and should contain minimal personal information. We tend to use email for administrative purposes such as setting up appointments. Invoices and receipts will be emailed as a word document attached to an email unless you specify a mailed copy instead.

Please be aware that you are responsible for any costs incurred in relation to the provision of your own software, hardware and data usage associated with this telehealth service.

Requirement to Provide Contact Details and Location

As we will mainly be working together by videoconference, we need to be able to contact support people in your locality should any issues arise. Please provide the names and contact details of at least two people known to you before we commence the treatment. Because you may be in varied locations for each of our videoconferences, we will require you to provide your location at the commencement of each session.

Use of Therapy Session Materials

We will not make recordings of our sessions or use material from our sessions for purposes other than for delivering a service to you. We will seek your written consent if we wish to use material for other purposes (such as consultation with colleagues).

We ask you to respect our privacy by agreeing not to make recordings of our sessions and not to use materials from our sessions for purposes other than therapy. If you wish to record sessions or use session material for other purposes, you must seek our consent to do so.