

Telehealth Consent Form

- I acknowledge that telehealth involves the communication of my medical and mental health information (verbally and/or visually), over an internet or a telephone connection.
- I understand that Telehealth has the same purpose or intention as psychological treatment sessions that are conducted in person, however due to the nature of the technology used, I also understand that telehealth may be experienced somewhat differently than face-to-face treatment sessions.
- I understand that my confidentiality is preserved during telehealth sessions, and that the disclosure and storage of my confidential personal information remains consistent with that stated in the *Psychological Service Information Form*.
- I understand that despite best efforts by my psychologist to use a secure end-to-end encryption platform for the Telehealth conferencing service, there are potential risks and consequences when participating in Telehealth. These risks include, but are not limited to;
 - The possibility, that Telehealth sessions could be disrupted or distorted by technical failures,
 - and/or the transmission of Telehealth sessions could be interrupted or accessed by unauthorized persons.
- I understand that there is a risk of my Telehealth sessions being overheard by others, and that I am responsible for arranging a private location for my telehealth session with sufficient lighting and privacy that is free from distractions/intrusions. I also understand that it is the responsibility of the psychological treatment provider to ensure a similar level of Telehealth confidentiality and service quality.
- I understand that I am responsible for providing the necessary computer, telecommunications equipment and internet access for my telehealth sessions, as well as ensuring that all security features of my computer/tablet/phone are up to date and appropriately configured.
- I acknowledge that I am aware of the technology service being used to conduct my Telehealth session (i.e. CoviU), and have read and fully understand their privacy policy, and agree to engage with this Telehealth service in accordance with the stipulations of their terms of service agreement.

Informed Consent & Exchange of Information Form

I confirm the following:

- That I have read, fully understood, and agree with the *Healing Minds Psychology* Telehealth consent form and Psychological Service Information Form.
- That I agree to the conditions of psychological service provided by *Healing Minds Psychology via Telehealth*, including the confidential exchange of information with other health professionals and/or agencies.
- That I agree to my appointment being bulk billed through the Better Access to Mental Health Care Initiative (if I am eligible) OR for Healing Minds Psychology to charge \$140 (General) or \$170 (Clinical) for my appointment and claim a Medicare rebate on my behalf.

Please the method of Teletherapy you would be most interested in:

Video consultation

Telephone consultation

Credit Card Details (full fee paying clients only)	
Name on card:	MasterCard* <input type="checkbox"/> Visa* <input type="checkbox"/>
Card Number:	Expiry: ____/____/____ CVC/CVV _____

*1.9% processing fee

Name of client _____ DOB ____/____/____

Signature _____ Date ____/____/____

****If you are under 18 years of age and not considered to be a mature minor, please have a parent/guardian complete and sign the below section***

Name of parent/guardian 1 _____

Signature _____ Date ____/____/____

Name of parent/guardian 2 _____

Signature _____ Date ____/____/____

*The law recognises that a child may reach a stage where they are capable of making their own decisions about a wide range of issues before they are 18 years of age. These children are referred to as 'mature minors'. To determine a mature minor, the psychologist must be satisfied that the child has sufficient maturity understanding and intelligence to make up their own mind to consent to receiving counselling.

Please note: If, after reading this form you are at all unclear about any of the information provided, please contact *Healing Minds Psychology* prior to your appointment on 1300 732 725.