



Positive Caring Services

Telehealth Consultation Consent Form

Definition

A telehealth service is a therapy service that is conducted via the telephone or secure video platform, such as ZOOM. The purpose of the session may include but is not limited to counselling, assessment, supportive intervention and onward referral.

Instructions

Please read this form carefully in order to provide your informed consent for undertaking telehealth consultations with **Positive Caring Services (PCS)**. If you have any questions, please discuss them with Sheree prior to the session.

Telehealth Consultation Consent

1. I understand that there are laws that protect my privacy and the confidentiality of my personal information apply to telehealth sessions.
2. I understand that my practitioner has chosen a telehealth software platform which meets the recommended standards to protect the privacy and security of the consultation.
3. I understand that there are potential risks and consequences of participating in telehealth consultations, including technical difficulties such as internet connection limits.
4. I understand that telehealth consultations will not be exactly the same as a direct visit due to the fact that I will not be in the same room as my healthcare provider.
5. I agree that neither myself nor my practitioner will record the sessions.
6. I understand that telehealth consultations do not provide emergency services. If I am experiencing an emergency, I understand that I can call 000 or Lifeline (13 11 14) for crisis and suicide support.

Consent

I, _____, have read and understood this Telehealth Consultation Consent Form, and agree to the above conditions for the telehealth service provided by **Positive Caring Services**.

Client Name: _____

Client Signature: _____

Date: _____

If client is under 18 years of age:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____