# REFLECTION PSYCHOLOGY

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## **Digihealth Informed Consent**

Digihealth or telehealth describes the use of digital technology, including telephone and video-conferencing to enable clinical care between a health professional and the patient/client. Digihealth is particularly useful for individuals and couples that are unable to access in-person services due to health complications, restrictions of movement, location and transport issues. Telehealth has been recommended by Australian Psychology governing bodies as a suitable medium to enable vital continuity of care for all clients/patients requiring psychological assessment, treatment and/or support during the current COVID-19 pandemic.

It is hoped that the use of Digihealth options allows us to achieve physical distancing while maintaining emotional connection and support.

### **Security and Privacy**

All of the usual protections and limitations provided under the relevant privacy, health records and health professional legislation are the same for telehealth services as they are in person.

## **Video or Phone consultations**

To enhance the quality of the connection:

- Your device should be placed on a steady surface throughout sessions, and not held in your hand if it can be avoided. If it must be in your hand, please hold it as steady as possible.
- Make sure all unnecessary web-browsers are closed, connecting via Chrome or Mozilla is recommended over other browsers.
- Attempt to minimise wherever possible, pressure on the internet connection within your location by requesting that others do not stream or use the internet if possible.
- Aim for the strongest internet connection i.e. locate yourself where you know you typically get a good connection where privacy can also be maintained.
- Do not use public WIFI connections as your security and privacy cannot be guaranteed.
- Try to have proper lighting so that your clinician can best communicate with you.
- If the program your practitioner is using includes a waiting room, enter the waiting room 5
  minutes prior to your scheduled session to allow for time to enable your camera and
  microphone.

#### **Session Structure**

Sessions will be conducted in the same way face-to-face sessions are. Please note, sessions will be strictly **50 minutes.** 

In order to have effective telehealth therapy sessions, the following guidelines are recommended:

- Make sure that you are in a private location where your sessions won't be disturbed or can be viewed or overheard by others. Please do NOT worry about the surroundings as we will only be focusing on you and your emotional needs.
- Ensure that you adjust the volume on your device to protect your privacy Using ear/headphones plugged into the computer/device helps maintain privacy and improves sound.
- You are required to inform your clinician if there is anyone in the room with you, or who you believe may overhear the session.
- Expectations for attire remain the same as though you are attending the office. In that you
  should be appropriately attired each session, including being fully dressed and in an
  appropriate setting.
- Try to minimise background noise and distractions. Turn off televisions, music or other sounds in the near vicinity. It may be helpful to have such background noises in an adjacent room to enhance privacy.
- Please do not invite others into session time without discussing this with your clinician first.
- Neither you nor your psychologist are permitted to record any part of the session without the explicit consent of both parties.

If the connection is broken for any reason, your clinician will first attempt to reconnect, if they are unable, they will call you to remedy the situation. If transmission should fail, your clinician will resume the session via phone until internet-based therapy has returned.

Following exiting a video consult, it is advised to close the tab or app as soon as possible to ensure it is no longer accessing your camera.

#### Fees

Our preferred method is for authorisation to debit your credit card at the time of commencement of the session. Please contact reception on **9809 4888** to ensure your preferred credit card details have been received prior to your appointment or fill the attached form (return to us via email) for the purpose of payment.

#### **Session Bookings**

You will be able to schedule your appointments as per usual procedure, either discussing it with your practitioner or contacting the office.

## **Client Rights**

I understand that I have the right to withdraw consent at any time without affecting my right to future care or treatment. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during my therapy is confidential within the limits of confidentiality as outlined in the client agreement.

I understand that there are risks and consequences from digital consultations. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of my psychologist, that: the transmission of services could be disrupted or distorted by technical failures; misunderstandings may occur, and/or possible confidentiality breaches if someone should walk into the client's room while in session.

I hereby consent to engage in Digihealth consultations with my clinician for my assessment and/or treatment.

I understand that Digihealth services includes the practice of health care delivery, including diagnosis, consultation, treatment, and education using interactive audio, video, and/or data communication.

Full Nan	ne
Signed _	
o.gca _	(Signature, full name or initials accepted)
Dated	

