Template - Informed Consent for Telepractice

# *Example only – This form has been adapted from template by SPA to include the types of issues which ordinarily arise in relation to a telepractice consultation. It may not be appropriate for your circumstances; you should tailor the form so that is relevant for your use of telepractice.*

**Consent for the Provision of Services through Telepractice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Name:** |  | **Worker Name:** |  |
| **Client Name:** |  | **Date of Birth:** |  |
| **Phone:** |  | **Email Address:** |  |

**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 telepractice consultation with your worker.

**What is telepractice?**

Telepractice is the use of digital devices (such as phones and computers) to provide services to clients. The worker typically uses telephone or videoconferencing to deliver client sessions in real-time but may also utilise other formats, such as email for follow-up.

**What does a telepractice consultation involve?**

A telepractice session usually involves some or all of the following:

* Your worker will discuss your circumstances with you and may also offer information and advice
* You may bring a support person with you, as you might in a face-to-face session
* You are not permitted to video or audio record the session unless your worker gives you permission to do so

**What are the potential benefits of telepractice?**

Telepractice might:

* Improve access to services
* Reduce your need for travel
* Reduce exposure to infectious disease

**What are the potential risks of telepractice?**

Telepractice might:

* Be impacted by technical problems, such as delays due to technology failures
* Not offer the same visual and sound quality
* Not feel the same as a face-to-face session
* Not achieve everything that is required and require another telepractice session or a face-to-face session
* Include practices and procedures that are not as well understood as they are when face-to-face
* 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. The worker must maintain confidentiality and privacy standards during sessions, and in creating, keeping and transmitting records.

At times, audio and video recordings of sessions may be taken to support the work, as might occur in a face-to-face session. You will be informed before a recording takes place and can refuse to be recorded for any reason. The worker will inform you of the reason for the recording and how it will be stored.

While the worker is obligated to meet standards to protect your privacy and security, telepractice 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 worker 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 worker if you have questions about telepractice and the services offered.
* **You have the right to understand the information.** Ask the worker if you do not understand.
* **You have the right to choose.** If you do not agree to telepractice, you may refuse to participate. You may agree to or refuse specific activities and procedures.
* **You have the right to stop using telepractice anytime.** You can change your mind about telepractice 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 worker. Consent and refusal that you give verbally will be documented by the worker.
* **You can ask about alternatives to telepractice.** If you refuse or change your mind about telepractice services, your worker will discuss any other options with you. The worker may or may not be able to offer alternative services.

**Written consent form:**

Please tick all that apply:

¨ I agree to receive services via telepractice.

¨ 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: |  | Signature: |  | Date: |  |
| Worker Name: |  | Signature: |  | Date: |  |