

# Down South Psychology

ABN: 31 650 445 748

**Dr. Christine Botha-Webb**

Clinical and Counselling Psychologist  
Medicare Provider No. 4677362H  
Australian Association of  
Psychologists Membership No. 4249

AHPRA No. PSY0001822234



+61432 551581 (T) +61 8 8125 3868 (F)



[www.downsouthpsychology.com](http://www.downsouthpsychology.com)

chris@downsouthpsychology.com



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20 Ingleton Drive

Hallett Cove, 5158, ADELAIDE



## TELEHEALTH CLIENT CONSENT FORM

In addition to our general “Informed Consent Form”, which includes information about confidentiality and its limits, information storage, informed consent to treatment, and consent to exchange information, we ask that you read and sign this specific Telehealth Client Informed Consent Form.

By signing this consent form, I agree that:

I understand that the benefits of telehealth/video conferencing therapy sessions can include:

- Continued access to my psychologist.
- Continued therapeutic support as part of my treatment plan.
- Avoiding the need for me to travel to my psychologist.

I also understand that there are potential risks and downsides of telehealth/video conferencing therapy sessions and that these can include:

- Telehealth/video conferencing may not feel the same as face-to-face sessions.
- Technical problems could affect the video/sound quality or connection, which may disrupt the session in some ways.
- Although my psychologist chooses video conferencing software (Teams), which has end-to-end encryption and high-security standards, there is still a small risk of hacking or others tapping into the video connection.

I understand that my psychologist is taking the necessary precautions to ensure confidentiality, including:

- Ensuring the privacy of the telehealth session is upheld in the same way an in-person session would be, by choosing a private location or using headphones.
- Sessions will not be recorded unless you provide explicit consent for the use of AHPRA-approved AI software to assist in generating secure session summaries, in line with the Psychology Board of Australia’s Code of Conduct

I have been informed of and understand the payment and or Medicare processes for my telehealth session, and I consent to comply with these. I understand that I can ask questions about the telehealth session anytime. I understand that attending a telehealth/video conferencing session is not compulsory, and I can withdraw consent at any time.

If I do not wish to continue or if technical difficulties interfere with the session to the point where we cannot continue, a phone consultation will be offered as an alternative.

Signed (Client/ Parent\*/ Guardian\*): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

\*For clients unable to give informed consent.