

Telepractice sessions at our clinic

We are strongly encouraging the majority of our clients to attend their consultations using a video connection from the safety of their own home.

During the COVID-19 Pandemic our clinic currently prefers to offer online sessions utilising Zoom to minimize exposure for all concerned and to protect everyone's health.

These sessions are charged at the same exact rate as an in-person appointment.

If you have already agreed to conduct online consultations with our reception or therapist please:

- Please sign and return form below to team@virginiahillsp.com.au
- Sign up for a free zoom account <https://zoom.us/signup>
- Please notify us on the form below the **email address you have selected to use for zoom**. The therapist will then invite you to the session via email at your scheduled appointment time.
- Please plan to **login five minutes before** your scheduled appointment to allow time for connecting

Please note:

Telepractice Sessions will go for 35 minutes but be charged for 45 minutes to allow time for connecting at the beginning of session and for extra preparation of sessions by therapists



Informed Consent for Telepractice

Virginia Hill Speech Pathology

ABN: [47 008 171 613](#)

Consent for the Provision of Speech Pathology Services through Telepractice (Telehealth)

Client Name	Date of Birth
Mobile	Email Address
EMAIL ADDRESS ZOOM ACCOUNT	

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 speech pathologist.

What is Telepractice?

Telepractice is the use of telecommunication to provide speech pathology services to clients. The speech pathologist typically uses videoconferencing to administer client sessions in real-time but may utilise other formats, such as email, for related communication. Telepractice is sometimes referred to as telehealth, telerehabilitation, or telespeech.

What does a telepractice consultation involve?

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

- Your speech pathologist will discuss your health and your health history with you and, where appropriate, will offer information and advice.
- You may bring a support person with you, as you might in a face to face consultation.
- If you attend a health service to participate in a telepractice consultation, other health professionals may be present and may need to examine you according to your speech pathologist's instructions.
- A technical support person might be present for part of the consultation to assist with technical issues.
- You are not permitted to video or audio record the consultation, unless your speech pathologist gives you permission to do so.

What are the potential benefits of telepractice?

Telepractice *might*:

- Improve access to speech pathology services
- Reduce your need for travel
- Decrease exposure to infectious disease

What are the potential risks of telepractice?

Telepractice *might*:

- Be negatively impacted by technical problems, such as delays due to technology failures.
- Not offer the same visual and sound quality for observations and modelling
- Require someone onsite with you to support the speech pathologist
- Not feel the same as an onsite session
- Not achieve everything that is required and therefore require another telepractice consultation or a face to face consultation.
- Include practices and procedures that are not as well understood in a telepractice setting as they are onsite
- 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, including through telepractice. The speech pathologist 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 speech pathologist's work**, as might occur in a face to face consultation. You will be informed before a recording takes place and can refuse to be recorded for any reason. **The speech pathologist will inform you of the reason for the recording and how it will be stored.**

While the speech pathologist is obligated to meet standards to protect your privacy and security, telecommunication, including videoconference, 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 speech pathologist 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 speech pathologist if you have questions about telepractice and the services offered.
- **You have the right to understand the information.** Ask the speech pathologist 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 speech pathologist. Consent and refusal that you give verbally will be documented by the speech pathologist.
- **You can ask about alternatives to telepractice.** If you refuse or change your mind about telepractice services, your speech pathologist will discuss any other options with you. **The speech pathologist may or may not be able to offer alternative services at this high level of pandemic response.**

Written consent form:

Please tick all that apply:

- I agree to receive speech pathology 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.

Signature: _____ Date: _____

Name of person signing: _____ Date: _____

Speech Pathologist: _____ Date: _____