

TELE/VIDEOCONFERENCE PRIVACY AND CONSENT STATEMENT

CONTACT DETAILS AND LOCATION

While working together by tele/videoconference, your psychologist will need to be able to contact support people in your locality should any issues arise. Please provide the names and contact details of at least 2 people known to you before we commence the treatment (on page 2). You may wish to tell these people that you have listed them as your emergency contacts for tele/videoconference, but you are not required to do so.

Because you may be in different locations for each tele/videoconference, your psychologist will ask you to provide your location (preferably the address) at the commencement of each session.

TELE/VIDEOCONFERENCE PROCESS

Psi Balance uses 'Zoom' to conduct tele/videoconferences. Our administration staff will set up a private tele/videoconference for you and send you information about how to access each session. Your psychologist will then start the tele/videoconference at your scheduled appointment time. As usual, sessions will run for 50 minutes.

TECHNICAL DIFFICULTIES

In the event of technical difficulties with a session conducted via Zoom, your psychologist will use an alternative method of communication to conduct or continue your session. Please nominate and provide details of your preferred method of alternative communication (on the last page).

TELE/VIDEOCONFERENCE PRIVACY AND SECURITY

The privacy of tele/videoconferencing is potentially vulnerable and limited by the security of Zoom (or your alternative communication method). Zoom employs SOC2 certified encryption standards. Please ask our administration if you would like emailed copies of Zoom's Privacy and Security Statements. The security for your preferred method of alternative communication is listed on the last page.

Please be aware that email and text message communication is not secure and should contain minimal personal information. We tend to use email and text messaging for administrative purposes such as setting up appointments.

The greatest risk to Privacy when using tele/videoconferencing is others overhearing your session. For this reason, please ensure that you have a private (and preferably quiet) space for each session. Children also require a private and confidential space for their session and we ask parents and other family members to respect this. Depending on a child's age, they may need help from an adult to manage the electronic aspects at the start and end of each session. Your child's psychologist will discuss this with you and agree on an arrangement that best suits your circumstances. Your psychologist will be conducting your sessions from a private and secure location.

Your psychologist will not make recordings of sessions or use material from sessions for purposes other than delivering a service to you without your consent. Your psychologist will seek your written consent if they wish to use material for other purposes (such as consultation with colleagues).

We ask you to respect the privacy of your therapy by agreeing not to make recordings of your sessions and not to use materials from your sessions for purposes other than therapy. If you wish to record sessions or use session material for other purposes, please discuss this with your psychologist, and seek their consent to do so.

FILE PRIVACY AND SECURITY

As many people are working from home, your psychologist may need to take your file to locations outside of our physical office. Your psychologist having in-session access to your file is a necessary part of the psychological service. Your psychologist will keep your file secure and private at all times if storing it in an out-of-office location. After each session, any paper notes will be held in your file or securely destroyed via methods of secure document destruction. We will continue to keep electronic records in accordance with the *APS Record Keeping Guidelines*.

FEES AND INVOICING

Invoices/receipts etc. will continue to be managed via electronic administration and can be emailed to you at your request. Please be aware that you are responsible for any costs incurred in relation to the provision of your own software, hardware and data usage associated with this telehealth service.

CANCELLATION POLICY

If, for some reason, you need to cancel or postpone the appointment, please provide at least 24 hours notice, otherwise you may be charged \$50.00 as a non-attendance fee. ***If you fail to attend an appointment and do not cancel, you will be billed for the session.***

EMERGENCY CONTACTS

Name and contact numbers: _____

Name and contact numbers: _____

METHOD OF ALTERNATIVE COMMUNICATION

Skype
Advanced Encryption Standard

Facetime
Advanced Encryption Standard

WhatsApp
Verified end-to-end encryption

Telephone call (voice only)
Not encrypted. Same security as a standard mobile telephone call

I, (print name) , have read and understood the above Tele/videoconference Privacy and Consent Form. I agree to the conditions for the psychological services provided by Psi Balance Psychological Services.

Signature

Date

Please note: If, after reading this page, you are unsure of what is written, please discuss it with the psychologist.