



Willow Tree Psychology and Wellbeing
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Title: (please circle) Dr Mr Mrs Ms Master Miss Other _____
Last Name: _____ First Name _____ Middle Name: _____
Sex: Male/Female/Intersex/Other: _____ Date of Birth ____/____/____

Please electronically sign and return this form to your Psychologist / Mental Health Social Worker to allow them to conduct sessions under you/your child's Mental Health Care Plan via telehealth (video conference on computer, video conference on telephone or regular telephone audio call without video).

I/we acknowledge that:

1. In providing a counselling service via video conference or telephone there are some potential benefits and risks (e.g. risks in confidentiality/privacy). While our psychologists / mental health social workers at Willow Tree Psychology and Wellbeing will take all reasonable steps to ensure privacy is maintained during telehealth service provisions there may be risk of either your device or the psychologist's / mental health social workers device being hacked during service provision.
2. Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
3. We agree to use the video conferencing platform selected for our virtual sessions, and the psychologist / mental health social worker will explain how to use it.
4. You will need to use a webcam or smartphone during the session.
5. It is important to be in a quiet, private space that is free from distractions (including mobile phone or other devices) during the sessions.
6. It is important that you use a secure internet connection rather than public or free WIFI.
7. It is important to be on time. If you need to cancel or change your telehealth appointment, please provide the psychologist / mental health social worker with plenty of advanced notice.
8. We need a back-up plan (e.g. phone number where you can be reached) to restart the session or reschedule it, in the event of technical problems.
9. We need a safety plan that includes at least one emergency contact, in the event of a crisis situation.

In addition to the above, our psychologists / mental health social workers will ensure that they can regularly update security measures to protect against malware, viruses, intrusions and email threats on computers used for video conferencing services and to store personal client information.

I/we hereby exempt Willow Tree Psychology and Wellbeing, its officers and employees, from any liability for injury or loss that may result providing services via telephone or video conference.

Signature..... Date

Number to contact you on _____

Emergency Contact Name: _____ Phone: _____