



DBT Clinics & Telehealth

Providers of Australian DBT Institute's Clinical Services

DBT
CLINIC
Online



Call us on 03 9586 8488 – e: info@dbtclinics.com

DBT Skills Class & Individual Therapy - Telehealth Consent Form

The purpose of this document is to obtain consent for Telehealth Services with clinicians at DBT Clinics during the Dialectical Behaviour Therapy skills class program. The DBT Clinics Dialectical Behaviour Therapy group program and individual therapy will be run by DBT Clinics and provided to clients through a Telehealth service. Telehealth service is the delivery of healthcare services when the therapist and client are not in the same physical location/site using various technology. This could include video sessions via telehealth software on a computer or tablet, or phone sessions.

Risks/Benefits of Telehealth Sessions

The risks and benefits of telehealth are similar to those of in-person sessions. There are additional risks, however.

1. Although we will use secure platforms (e.g., Cliniko, Microsoft Teams and Zoom) with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal information.
2. Since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where the chance of disruptions (e.g., others coming into the room or hearing what you say in another room) are minimised as much as possible.
3. In order to reduce risks to confidentiality, we suggest that all video or telephone sessions occur in a private room with no one else present and that you wear headphones to limit the possibility of other people overhearing confidential information.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- You understand that you have undertaken to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information (these sessions will NOT be recorded).
- You understand that the clinician will be at a different location from you.
- You understand that you need to use a webcam or smartphone during the session.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
- You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal information.
- You understand that the laws that protect privacy and the confidentiality of information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
- You understand that billing for telehealth is the same as in person sessions.
- You have been given the opportunity to ask your clinician relative to your Telehealth encounter, security practices, technical specifications, and other related risks.



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You agree:

- To be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- To use a secure internet connection rather than public/free Wi-Fi.
- To be on time. If you need to cancel or change your tele-appointment, you must notify the DBT Clinics team in advance by phone or email.
- To have a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- To contact your emergency contact and/or the closest emergency mental health service to your location, in the event of a crisis situation.

Collection of personal information

DBT Clinics need to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you. If you do not provide this information; we may be unable to treat you.

This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly or through an insurer or compensation agency;
- c. Use within the practice if discussing or passing your case to another practitioner within the practice for your ongoing management;
- d. Disclosure of information to your doctors, other health professionals or to teachers to facilitate communication and best possible care for you; and
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

We do not disclose your personal information to anyone other than your treating practitioner without your consent!

DBT Clinics has a Privacy Policy that is available on request. Our Privacy Policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to relevant other service providers, who are involved in your management. These may include your doctor, teachers, specialists, insurers, solicitors or employers.

By signing this form, you certify:

- That you have read or had read and/or had this form explained to you;
- That you fully understand its contents including the risks and benefits of telehealth services;
- That you fully understand that it is your choice as to what information you provide, and that withholding or falsifying information might act against the best interests of my assessment and therapy progress.



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- That you are aware that you can access your personal and treatment information on request and if necessary, correct information that you believe to be inaccurate.
- That you fully understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to you.
- That you have been provided with or have been given an opportunity to obtain a copy of DBT Clinic's privacy policy.

and

- That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Signed.....

Date.....