



Consent for a psychological telehealth service

As part of providing a psychological service to you, *Dr Michaela Morgan*, needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

A detailed description of how your personal information is managed, how you can access your personal information, and how to lodge any concerns or complaints about this service or how your personal information is managed must be provided to you by your health professional on request.

Disclosure of personal information

Personal information gathered as part of this service will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. your prior written approval has been obtained to
 - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or
 - b) discuss the material with another person, eg. a parent, employer or health provider; or
 - c) disclose the information in another way; or
4. you would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your referring GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
5. disclosure is otherwise required or authorised by law.

Provision of a telehealth service

Where appropriate the service may be provided by telephone or videoconferencing. You are responsible for the costs associated with setting up the technology needed so you can access telehealth services. *Dr Michaela Morgan* will be responsible for the cost of the call to you and the cost associated with the platform used to conduct telehealth services.

To access telehealth consultations, you will need access to a quiet, private space; and the appropriate device, i.e. smartphone, laptop, iPad, computer, with a camera, microphone and speakers; and a reliable broadband internet connection (further information is available about preparing for the telehealth session is available at www.michaelamorganpsychology.com/telehealth).

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information this practice uses *Coviu* which is compliant with the Australian standards for online security and encryption.

Limitations of telehealth

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the psychology session. In addition, there may be some services for which telehealth is not appropriate or effective. Your psychologist will consider and discuss with you the appropriateness of ongoing telehealth sessions.

Fees

The cost of a consultation (approximately 60 minutes) is \$190 (GST exempt), which is payable at the end of the session by internet banking transfer (details will be provided on your invoice). Dr Michaela Morgan can provide invoices, receipts or submit relevant claim details for any eligible rebate if details are provided and authorisation is provided below. Rebates including Medicare (eg Mental Health Care Plan (MHCP) approved by your medical practitioner for up to 10 sessions annually), Third Party Payments (eg DPFEM, Workers Compensation), or Private Health Funds. Your psychologist will discuss with you your eligibility for Medicare or other compensable funding.

A discounted consultation fee of \$126.50 (GST exempt) may be available if you have a health care card, pension, demonstrated financial difficulty, or meet specific Medicare COVID-19 eligibility requirements. In this case Dr Michaela Morgan can also bulkbill those who have a MHCP.

Services provided to: Name:
DOB: ___ / ___ / _____

Medicare Claim Details: Medicare No: _____ Patient: ___ Expiry: ___ / ___

Claimant Name (if other than client):

DOB: ___ / ___ / _____

Medicare No: _____ Patient: ___ Expiry: ___ / ___

Third Party Details: Claim no: _____

Third Party Provider:

Case manager: (name)

Case manager: (phone)

Case manager: (email)

Cancellation Policy

If you need to cancel or postpone your appointment, please give the psychologist *at least 24 hours notice*, otherwise you will be charged a cancellation fee of \$66 (+ GST).

Consent to receive psychological services by telehealth

I have been provided with information about the service including the limitations to privacy and confidentiality and I have agreed that in circumstances where the psychologist is concerned about my welfare and is unable to contact me permission is provided for the psychologist to contact the following person:

Emergency Contact:

Relationship:

Contact details:(phone)

Contact details:(email)

I have read and understood the fee information and have discussed any outstanding questions with the psychologist. I agree to be responsible for the relevant and cancellation fees associated with psychological telehealth services provided by *Dr Michaela Morgan*.

I authorise Dr Michaela Morgan to complete the rebate/invoice/receipt option indicated below using the claim details provided on the previous page:

- Online Medicare rebate claim for direct payment to client after fee fully paid
- Online Medicare rebate claim for bulkbill payment to service provider
- Email invoice to third party provider
- Email a receipt for Private Health Fund claiming

I, (print your name in Block Capitals)....., have read and understood the information in this Consent Form and have discussed any outstanding questions with the psychologist. I agree to the above conditions for telehealth psychological services to be provided by *Dr Michaela Morgan*

Client/Parent signature: Date ___ / ___ / _____

OR where signature is not possible psychologist's confirmation of verbal consent:

I have discussed the information in this consent form with the client and received verbal consent to proceed with telehealth services.

Psychologist signature: Date ___ / ___ / _____

Dr Michaela Morgan

Clinical Psychologist

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