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Telehealth Consultation Informed Consent Form

Telehealth uses video conferencing or phone calls to conduct an Occupational Therapy session.

A video consultation will not be exactly the same, and may not be as complete as a face-to-face home visit. You will need an appropriate device ie. smartphone, laptop, ipad or computer

There could be some technical problems that affect the video consultation. It will use your internet service and data.

Out N About OT uses the Cliniko telehealth system that is a Peer-to-Peer (P2P) service that is encrypted from end-to-end using WebRTC security protocols, no one else is accessing the conversation. Out N About OT is responsible for the cost of the Telehealth system.

For General Data Protection Regulation (GDPR), Australian Privacy Principles (APP), Health Insurance Portability and Accountability Act (HIPAA), and Personal Information Protection and Electronic Documents Act (PIPEDA) compliance, Cliniko have ensured that :

- Personal Health Information (PHI) or Personal Identifiable Information (PII) will not be transmitted anywhere for the Telehealth call;
- Ensuring that the P2P connection is as secure as possible;
- Any logs that are created will not contain any PHI or PII;
- The service we are using has implemented the ISO 27001, Privacy Shield, Cloud Security Alliance, and SOC 2 security best practices to ensure that their systems are secure.

I can change my mind and stop using video consultations at any time, including in the middle of a video consultation. This will not make any difference to my right to ask for and receive a service.

Neither party is permitted to video or audio record the consultation unless permission is requested.

I agree to have telehealth video consultations with

DONNA REILLY / ALI GEBHARDT

OUT N ABOUT OT

Name of Client _____

Signature of Client _____

Date _____

Signature of Patient _____

OR where signature is not possible Occupational Therapists confirmation of verbal/email consent:

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

Occupational Therapist _____ Date _____