RE-ANA
COUNSELLING & PSYCHOTHERAPY

Re-ana Counselling & Psychotherapy
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TELEHEALTH INFORMED CONSENT FORM

Please read carefully before signing

This form ensures you are fully informed about the nature, benefits, limitations, and responsibilities associated with receiving counselling and psychotherapy services via telehealth. Please read each section carefully and ask your practitioner if you have any questions before signing.

1. Scope of Telehealth Services

Telehealth involves the delivery of counselling and psychotherapy services remotely using secure telecommunications technologies, including encrypted video conferencing and telephone calls. Sessions are conducted in the same professional and ethical manner as face-to-face appointments.

2. Practitioner Location & Jurisdiction

Your practitioner, Reana Jhagroo, is based in Gold Coast, Queensland, Australia, and operates under Queensland and Australian federal legislation, the ACA Code of Ethics, and Australian Privacy Principles. If you are located interstate or overseas at the time of a session, you should be aware that different legal and jurisdictional considerations may apply. Please inform your practitioner if you will be outside Queensland or Australia during a session.

3. Technology & Security

Sessions are held on a secure, encrypted video platform (currently Microsoft Teams) or by telephone. Your practitioner uses platforms equipped with secure encryption standards to safeguard the privacy, confidentiality, and digital integrity of your personal information during sessions. All sessions are conducted in compliance with the Australian Privacy Act 1988 and Australian Privacy Principles.

4. Client Responsibilities for Confidentiality

To maintain the clinical integrity of the therapeutic space, you agree to the following:

- You will engage in sessions from a private, secure location where you cannot be overheard by others.
- You will not record sessions or take screenshots without prior written mutual consent.
- You will ensure your device, network connection, and environment are as private and secure as reasonably possible.
- You will maintain respectful communication consistent with the standards of a professional clinical setting.

5. Suitability of Telehealth

Telehealth is not suitable for all presentations or levels of clinical need. Your practitioner will discuss with you whether telehealth is appropriate for your situation. Telehealth may not be recommended if you are experiencing acute crisis, active suicidal ideation requiring immediate intervention, psychosis, or severe dissociation. In such circumstances, your practitioner will discuss alternative options and appropriate referral pathways with you.

6. Technical Disruptions & Contingency Plan

While telehealth offers flexibility and convenience, it is subject to the limitations of technology. In the event of a technical disruption, disconnection, or audio/video failure, your practitioner will:

- Attempt to reconnect via the same platform within 5 minutes.
- Contact you via the phone number provided on your intake form if reconnection is unsuccessful.
- Reschedule the session if a stable connection cannot be re-established.

Please ensure your contact phone number on your intake form is current and accessible during sessions.

7. Crisis & Safety Protocol

If you are experiencing a mental health emergency or are at risk of harm to yourself or others during or outside of a session, please contact emergency services immediately:

- Emergency services: **000**
- Lifeline (24/7 crisis support): **13 11 14**
- Beyond Blue: **1300 22 4636**
- Suicide Call Back Service: **1300 659 467**

Your practitioner is not an emergency service and cannot guarantee immediate real-time response outside of scheduled session times. A crisis safety plan will be collaboratively developed with you as part of your care where clinically appropriate.

8. Voluntary Participation & Right to Withdraw

Your participation in telehealth services is entirely voluntary. You may withdraw your consent for telehealth at any time and request alternative arrangements. Withdrawal of telehealth consent does not affect your right to continued care where clinically appropriate and practicable.

9. Confidentiality & Privacy

All telehealth sessions are subject to the same confidentiality obligations as in-person sessions, as outlined in the Re-ana Counselling & Psychotherapy Privacy Policy. Please ensure you have read and acknowledged the Privacy Policy prior to signing this form.

Client Acknowledgement & Signature

By signing below, I confirm that:

- I have read and understood the information contained in this Telehealth Informed Consent Form.
- I have had the opportunity to ask questions and have received satisfactory answers.
- I understand the benefits, limitations, and responsibilities of receiving services via telehealth.
- I understand the crisis safety resources available to me outside of session times.
- I voluntarily consent to receive counselling and psychotherapy services via telehealth through Re-ana Counselling & Psychotherapy.

Client Full Name:

Date (DD/MM/YYYY):

Client Signature:

Parent / Guardian Consent — for clients under 18 years of age

If the client is under 18 years of age, a parent or legal guardian also completes this section. I am the parent or legal guardian of the client named above. I have read and understood this Telehealth Informed Consent Form and I consent to the client receiving counselling and psychotherapy services via telehealth. Where appropriate to the client's age and maturity, the client also signs above.

Parent / Guardian Full Name:

Relationship to Client:

Parent / Guardian Signature:

Date (DD/MM/YYYY):

Practitioner Acknowledgement

Practitioner Signature:

Date (DD/MM/YYYY):