

**TELEHEALTH / TELEPSYCHOLOGY / TELETHERAPY / VIRTUAL CONSULTATION
CONSENT FORM (COVID-19 Lockdown Period/s)**

I, _____ (Name + Surname of client/patient), hereby consent to engage in teletherapy* with Kevin Suter (Registered Psychologist) via **Skype** (or another platform negotiated verbally or in writing and recorded on the client/patient's file).

* **Definition:** Teletherapy means psychological services provided via internet technology which can include consultation, treatment, email, telephone/cellphone conversations and/or education using interactive audio, video, or data communications. Teletherapy involves the communication of medical/mental health information, both orally and/or visually. Teletherapy has the same purpose/ intention as psychotherapy (psychological services) that are conducted in person (face-to-face).

FORMAL AGREEMENT BETWEEN CLIENT AND PSYCHOLOGIST:

1. I understand that I have the right to withhold or withdraw consent for teletherapy at any time without affecting my right to future care or treatment.
2. The Health Professions Council of South Africa (HPCSA) regulations that protect the confidentiality of information, also apply to teletherapy. As such, I understand that the information disclosed by me during consultations is confidential.
3. However, there are both mandatory and permissive exceptions to confidentiality, which are noted in the 'New Client Details' form read and signed by me.
4. I understand that, despite the best efforts of the psychologist (therapist) to ensure high encryption and secure technology, there are inherent risks and consequences when participating in teletherapy, including (but not limited to) the possibility that the transmission can be disrupted or distorted by technical failures or problems; the transmission can be interrupted by unauthorized persons; and/or the electronic storage of my confidential information can potentially be accessed by unauthorized persons.
5. In addition, I understand that teletherapy services and care may not be as extensive as face-to-face services, that it may be different and that certain limitations may exist regarding the quality of care I receive.
6. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
7. I accept that the therapist does not provide *emergency services* via teletherapy. If I am experiencing an emergency situation, I understand that I should proceed to the nearest hospital emergency room for help.
8. I accept that clients who are actively at risk of harm to self or others, are not suitable for teletherapy services. If this is the case or becomes the case in future, I accept that the psychologist will recommend more appropriate services (e.g., referral to GP/Psychiatrist and/or the Trauma Unit of my nearest hospital).
9. I understand that there is a risk of being overheard by anyone near me if I am not in a private space while participating in teletherapy. It is my responsibility to secure a 'safe space' for teletherapy consultations.
10. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. I accept that the psychologist (therapist) will do the same on his / her end.
11. I understand that the same fee applicable for consultations in person are applicable to teletherapy.
12. I have read, understood and agree to the information provided above regarding teletherapy.

Client/Patient's Signature: **Date:**

Client/Patient's ID/Passport number:

Psychologist's Signature: **Date:**

In the event that the client/patient is unable to return a signed agreement:

I, Kevin Suter, verify that above named client was unable to return the signed consent form to me. I have, therefore, provided the consent form by other means (e.g., email) and/or I have read the conditions to the client and/or the client has verbally agreed to the conditions (and I have noted this in the client's records). Where possible this is also verified by text/SMS, email or voice recording from the client, or a recording made by me.

Psychologist's Signature: **Date:**