



Teletherapy Consent Form

This letter provides you with essential information to help make our Teletherapy sessions run smoothly. Please read, sign and return to admin@senseability.com.au / admin@moveabout.com.au prior to your initial teletherapy session.

Privacy Policy

All communication and information you provide is stored securely and only shared with your permission. MoveAbout Therapy Services complies with state and federal Privacy Requirements - The Privacy Act 1988. A copy of our Privacy Policy is available on request. No teletherapy sessions will be recorded, shared or utilised outside of sessions without permission.

Cancellation Policy

Please contact your therapist as soon as possible if you/your child is unable to participate in a scheduled teletherapy session. Your therapist will offer an alternative time to reschedule your session.

Funding

We are registered for provision of occupational therapy services under Medicare's Helping Children with Autism and Better Start for Children with Disability Plans, Better Access to Mental Health Care Plan, Chronic Disease Management Plan and Private Health Insurance Companies. We are able to work with participants of the National Disability Incentive Scheme who are self-managed or agency-managed. For Early Childhood NDIS participants, we are only able to work with participants who are self-managed.

Informed Consent

There are a few important principles related to informed consent:

- **You must be given relevant information.** Ask your therapist if you have questions about teletherapy and the services offered.
- **You have the right to understand the information.** Ask your therapist if you do not understand.
- **You have the right to choose.** If you do not agree to teletherapy, you may refuse to participate. You may agree to or refuse specific activities and procedures.
- **You have the right to stop using teletherapy anytime.** You can change your mind about teletherapy, or a specific activity or procedure, even in the middle of a session.
- **You can agree or refuse in writing or verbally.** You may give your consent using the form below. You may also give consent or change your mind by telling your therapist. Consent and refusal that you give verbally will be documented by your therapist.
- **You can ask about alternatives to teletherapy.** If you refuse or change your mind about teletherapy services, your therapist will discuss any other options with you.



Complaints and Feedback

Should you wish to provide feedback on your teletherapy sessions, we encourage you to speak with your therapist regarding your concerns. Should you not wish to speak with your therapist, you can contact the office on (Moveabout: 88830088, Sense Ability: 43891813). Feedback will be addressed by the MoveAbout Therapy Services management team in discussion and collaboration with your child's therapist. We seek to problem solve solutions to ensure therapy delivered works to enhance and progress your child towards their goals.

Please contact us with any queries or if we can be of further assistance.

What is Teletherapy

Teletherapy is using technology to connect therapists to clients and parents to deliver therapy through an online platform. It can be used for the purposes of assessment, intervention, consultation and education. It is designed to empower parents and caregivers to implement therapy in the home setting supported by your therapist to actively problem solve and progress goals at home, when face to face therapy is not available.

Benefits for client's and their families

- Provides continued contact and engagement in therapy.
- Provides parents with confidence to implement strategies and education at home.
- Provides access to services not otherwise available (reducing inequities in access to health services).
- Provides tools to help people understand and manage their therapy concerns.
- Larger networks of care as more carers, family and friends can attend consultations.
- More client-centred care, with increased independence and self-management.

TeleTherapy at MoveAbout Therapy Services

- MoveAbout Therapy Services will be using Google Meet or Zoom which are secure video conferencing platforms to provide TeleTherapy services.
- Teletherapy may also include audio-only services via telephone.
- If using video conference services, you will receive a link which will direct you to your scheduled TeleTherapy meeting with your therapist.
- Therapists will continue to document these sessions and can provide you with a copy of these notes upon request.

Sessions can be used to provide:

- Direct therapy.
- Parent education and consultation.
- Parent coaching.
- Discussion, researching and sourcing of resources.
- Completion of some assessments.



Please fill out the below

Child's Name: _____

Caregiver(s)/Guardian(s) Name(s): _____

DOB: ____ / ____ / ____

Address: _____

Email: _____

Phone: _____

Consent

Please strike out options you wish so that it reads as you intend.

- I do / do not provide consent for MoveAbout Therapy Services to work with my child via TeleTherapy.
- I do / do not provide consent for MoveAbout Therapy Services to store relevant information.
- I do / do not provide consent for MoveAbout Therapy Services to communicate electronically, verbally and in writing with all members of my child's therapy and education team. Please list all relevant persons:

- I do / do not provide consent for MoveAbout Therapy Services to take photos or video during therapy sessions that assist in the teaching of my child. This material will be stored securely in the child's electronic file and may be deleted upon request.
- I do / do not agree to receive therapy services from MoveAbout Therapy Services via teletherapy.
- I understand that I may agree or refuse any service or part of a service at any time.
- I can agree or refuse in writing or verbally.

Parent/Caregiver Name: _____ Signature: _____

Date: _____

- ***Note: due to self-isolation and social distancing circumstances, if you do not have access to a computer / printer / scanner please respond via email with your preferences of consent. This will be documented in your child's file. Thank you.***