

Lizard Centre: Informed Consent for Telehealth:

ABA Practices

Consent for the Provision of ABA Services for Telehealth

Client Name:	DOB:
Parent/Caregiver:	Phone:
Email:	

What is the purpose of this form?

The purpose of this form is to provide information to you about, and to obtain your consent for you and your child to participate in, a telehealth consultation and other key services with your ABA provider.

What is Telehealth?

Telehealth is the use of telecommunication to provide ABA services to clients. The ABA provider typically uses videoconferencing to administer client sessions in real-time or review of recorded sessions, but may utilise other formats, such as email, for related communication.

What does a Telehealth consultation involve?

A Telehealth consultation usually involves some or all of the following:

- A comprehensive consultation to assess the current and future objectives for your child
- An assessment of need, i.e., which Lizard services are best suited for optimal outcomes
- Discussion of technology resources (audio, video, room set-up etc).

Note: Please seek permission for any recordings of consults, or any other Telehealth video conferencing from your ABA provider.

What are the potential benefits of Telehealth?

Telehealth may:

- Enable the continuity of ABA services and maintenance of key skills for my child/family
- Reduce yours and others' need for travel

Decrease exposure to infectious disease

• Provision of distance learning and training for family unit

What are the potential risks of Telehealth?

Telehealth may:

- Be negatively impacted by technical problems, such as delays due to technology failures.
- Not offer the same visual and sound quality for observations and modelling
- Not feel the same as an onsite session
- Not achieve everything that is required and therefore require another Telehealth consultation or a face to face consultation.
- Increase exposure to privacy and digital security risks. (See next section.)

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Will my privacy be protected?

This practice is subject to the Privacy Act (1988) and must comply with obligations related to the collection, use and disclosure of personal information, including through Telehealth. The ABA provider must maintain confidentiality and privacy standards during sessions, and in creating, keeping and transmitting records. At times, audio and video recordings of sessions may be taken to support the ABA provider's work, as might occur in a face to face consultation. You will be informed before a recording takes place and can refuse to be recorded for any reason. The Lizard Team will inform you of the reason for the recording and how it will be stored.

While the ABA provider is obligated to meet standards to protect your privacy and security, telecommunication, including videoconference, may increase exposure to hacking and other online risks. Therefore, as with all online activities, there is no guarantee of complete privacy and security protection. You may decrease the risk by using a secure internet connection, using the recommended telecommunications platforms that comply with privacy and confidentiality security as much as possible (which will be recommended by Lizard).

What does informed consent mean?

There are a few important principles related to informed consent:

- You must be given relevant information. Ask the Lizard team if you have questions about Telehealth and the services offered.
- You have the right to understand the information. Ask the Lizard team if you do not understand.
- You have the right to choose. If you do not agree to Telehealth, you may refuse to participate. You may agree to or refuse specific activities and procedures.
- You have the right to stop using Telehealth anytime. You can change your mind about Telehealth 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 contacting Lizard.
- You can ask about alternatives to Telehealth. If you refuse or change your mind about Telehealth services, Lizard will discuss any other options with you. However, please be mindful that Lizard may or may not be able to offer alternative services.

Written consent form:

I agree to receive ABA services via telehealth.

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.

Signature:	Date:
Printed Name:	Date: