



Davina Counselling  
& Psychotherapy

## Telehealth Consent form

I, \_\_\_\_\_

(Print name in full)

- hereby consent to participate in telehealth sessions provided by Leonie Farrugia using telecommunication technology. I understand that telehealth involves the use of video conferencing or other remote communication methods to conduct counselling sessions.
- I acknowledge that while telehealth offers convenience and accessibility, there may be limitations and risks associated with this mode of service delivery, including potential disruptions to technology.
- I understand that Leonie Farrugia utilises a secure platform with encryption and other security measures to mitigate these risks to the best of their ability.
- In the event of a technological emergency during a session, such as a sudden loss of connection, I understand that Leonie Farrugia will provide instructions on how to reconnect or alternative contact methods if necessary.
- Confidentiality means that everything we talk about during our sessions will be kept private and secure. However, there are times when I may need to share information, like if I'm worried about your safety or if the law requires it.
- I understand that I have the option to withdraw my consent for telehealth services at any time and may request in person sessions if available.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signing on a mobile device or printing then taking a photo, save image and then email to: [contact@davinacp.com.au](mailto:contact@davinacp.com.au) - the image will be saved under your file as evidence of consent.



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