



# WILLIAMSTOWN KIDS

## Paediatric Clinic

**WilliamstownKIDS Paediatric clinic and  
Melbourne Autism Assessment Clinic (MAAC)**

**Dr Rachel Madhwan**

**ABN 63850293353**

### **Consent for the Provision of Paediatric Consulting services through Telehealth**

#### **Child's Details**

First Name:

Surname:

Date of Birth: / /

Sex: M F

Child's Residential Address:

#### **Parent/ Guardian Details**

Mother/ Guardian's Full Name:

Father/Guardian's Full Name:

Home/ Mobile no:

Home/ Mobile no:

Email Address:

Email Address:

Standard Practice Privacy agreement and  
consent completed Y/ N

#### **What is the purpose of this form?**

The purpose of this form is to provide information to you about, and to obtain your consent to participate in, a telehealth consultation.

#### **What is Telehealth (Telepractice)**

Telehealth is the use of telecommunication technologies to conduct a medical consultation where audio and visual information is exchanged in real time. Typically, videoconferencing is used to administer client sessions in real-time however other formats may be utilised, such as telephone and email for related communication. Telehealth consultations can be conducted between a specialist and patient in the presence of their general practitioner or other health worker or can be conducted with no medical support at the patient end.

Telehealth significantly reduces the barriers commonly experienced by patients in accessing specialist care such as time, travel and cost. The use of telehealth during the Covid-19 pandemic reduces infection risk and virus transmission. In this way telehealth can be used to enhance and simplify ongoing specialist services to patients where access might otherwise be limited.

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

- Your specialist (paediatric doctor/paediatrician) will discuss your child's health concerns and medical history and /or progress with you. For new any patient, especially those with behavioural and developmental concerns the initial consultation may occur over 2-3 sessions to ensure adequate information is obtained to make any diagnoses needed and subsequently provide appropriate advice and management.
- As the telehealth consultation is not designed to replace initial face to face consultations, it may be necessary to arrange for this to take place.
- You may bring a support person with you, as you might in a face to face consultation
- If you attend a health service to participate in a telehealth consultation, other health professionals may be present and may need to examine you according to your paediatrician's instructions.
- A technical support person might be present for part of the consultation to assist with technical issues.



- You are not permitted to video or audio record the consultation, unless your specialist gives you permission to do so.

### What are the potential risks of telehealth?

Telehealth *might*:

- 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.
- Include practices and procedures that are not as well understood in a telehealth setting as they are onsite
- Increase exposure to privacy and digital security risks. (See next section.)

### 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 specialist 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 specialist'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. Your specialist will inform you of the reason for the recording and how it will be stored.

While the specialist is obligated to meet standards to protect your privacy and security, telecommunication, including videoconference, may increase exposure to hacking and other online risks; 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, meeting with the specialist from a private location, and only communicating using secure channels.

### What does informed consent mean?

There are a few important principles related to informed consent:

- **You must be given relevant information.** Ask the specialist if you have questions about telehealth and the services offered.
- **You have the right to understand the information.** Ask the specialist if you do not understand.
- **You have the right to choose.** If you do not agree to telepractice, you may refuse to participate. You may agree to or refuse specific activities and procedures.
- **You have the right to stop using telehealth at 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 telling the specialist. Consent and refusal that you give verbally will be documented by the specialist.
- **You can ask about alternatives to telepractice.** If you refuse or change your mind about tele-practice services, your specialist will discuss any other options with you. The specialist may or may not be able to offer alternative services.

### Written consent form:

Please tick all that apply:

- I agree for Dr Madhwan to provide paediatric consulting services via telepractice/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: \_\_\_\_\_

Name of person signing: \_\_\_\_\_

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