



Zoom Consultation Consent Form

Definition

This online service is a therapy service that is conducted via ZOOM. The purpose of the session may include but is not limited to counselling, assessment, supportive intervention and onward referral.

Instructions

Please read this form carefully in order to provide your informed consent for undertaking zoom consultations with Ray of light. If you have any questions, please discuss them with Ray of light.

Zoom Consultation Consent

1. I understand that there are laws that protect my privacy and the confidentiality of my personal information apply to zoom sessions.
2. I understand that my practitioner has chosen a zoom platform which meets the recommended standards to protect the privacy and security of the consultation.
3. I understand that there are potential risks and consequences of participating in zoom consultations, including technical difficulties such as internet connection limits.
4. I understand that zoom consultations will not be exactly the same as a direct visit due to the fact that I will not be in the same room as my healthcare provider.
5. I agree that neither myself nor my practitioner will record the sessions.
6. I understand that zoom consultations do not provide emergency services. If I am experiencing an emergency, I understand that I can call 000 or Lifeline (13 11 14) for crisis and suicide support.

Consent

I, _____, have read and understood this Zoom Consultation Consent Form, and agree to the above conditions for the online service provided by Ray of light.

Client Name: _____

Client Signature: _____

Date: _____

An emergency contact is required – please add their details

Name: _____ Mobile: _____

If client is under 18 years of age:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____