

## Informed Consent for Online Psychotherapy

### Client Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Contact Details: \_\_\_\_\_

### Psychologist Information

- Name: \_\_\_\_\_

### Service Description

Online psychotherapy involves the practice of psychological healthcare delivery, diagnosis, consultation, treatment, and referral to resources via electronic means, including video conferencing.

### Key Elements of Consent

- Voluntary Participation: You have the right to withdraw consent at any time without affecting your right to future care or treatment.
- Confidentiality: Your information will be kept confidential, except in cases where we are required by law to disclose it (e.g., risk of harm to self or others).

- Technology: We use secure video conferencing platforms to ensure confidentiality.
- Risks and Benefits: Online psychotherapy may have risks, such as technical issues or breaches of confidentiality.
- Emergency Contact: In case of an emergency, please contact [emergency contact details].

## Client Rights

- You have the right to ask questions and seek clarification about your treatment.
- You have the right to access your records.
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## Fees and Payment

- Fees comply with standard NZ psychological service rates.
- Payment is due at the time of service unless otherwise agreed.
- If funded by ACC or another agency, rules of that contract apply.
- Missed appointments without **36 hours' notice** will be billed at the full session rate (except in emergencies).

## Consent Declaration

I, \_\_\_\_\_, hereby consent to participate in online psychotherapy with [psychologist's name]. I understand that I can withdraw my consent at any time.

**Signature:** \_\_\_\_\_

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

Please review this document carefully and ask any questions before signing.  
You can also request a copy of this document for your records