e-PIMH Informed Consent Form

e-PIMH Video Consultation

What is e-PIMH Telepsychiatry?

e-PIMH Telepsychiatry is a state-wide program which supports health professionals working with parents expecting a baby, and families with children aged 0 to 4 years. The service involves health professionals in larger cities, working together with your local health professional to **help you build a strong, positive and enjoyable relationship with your baby or young child**.

- Telepsychiatry is the delivery of mental health services and information using telecommunication technology, such as video conferencing.
- Your health professional may recommend speaking with a specialist about your particular situation using video conferencing.
- This means that specialist advice can be provided in a timely way and without the need for travel.

How does it work?

Please note that consenting to an e-PIMH Telepsychiatry referral will require that you are registered on the statewide mental health database

Depending on your local arrangements, set up for a video conference can vary. Usually, when you arrive for your video conference, you will be shown into a private consultation room where the videoconferencing equipment has already been set up. You can discuss with your health professional who else you would like to have with you in the appointment, and your health professional will be there to support you throughout the session.

In the consultation room there will most likely be:

When the appointment is ready to start, your health professional will call the videoconferencing number and link with the e-PIMH telepsychiatry clinician(s).

On the screen, you will be able to see the e-PIMH telepsychiatry clinician(s). You will also be able to see you and your health professional in a 'self-view'. If you prefer, you may ask to have the self-view turned off.

What happens during the consultation?

During the videoconference you and your health professional will talk to the e-PIMH telepsychiatry clinician/s on the screen. The e-PIMH telepsychiatry clinician(s) will be sitting in a private room at another facility, where nobody else can see or hear your conversation with them. You and your health professional will be informed if anyone else is in the room with the telepsychiatry clinician(s). You can let the health professional know if you do not want anyone else in the room.

Just as in a face-to-face consultation, notes will be made in your/your child's confidential medical record. At the end of the video conference, you will be shown back to Reception to complete any forms and receive further information about the consultation and any follow up.

Who is responsible for my/my child's ongoing care?

Your/your child's health professional will continue to be responsible for your/your child's care with the support of the e-PIMH Telepsychiatry clinicians.

What are some of the benefits or problems with video consultations?

Some of the benefits of a video consultation can be:

- you do not need to travel long distances to see a specialist for yourself/your child
- accessing specialist expertise will help you, your family and your health professionals to better understand your/your child's particular needs
- your local health professional will receive specialist support to better look after your/your child's needs

Please note that all the above benefits may not be met in *one* consultation and several follow-up appointments may be required to achieve your/your child's healthcare goals.

Some of the problems of a video consultation may be:

- Speaking with someone via video may not feel as comfortable as speaking with someone in person
- Although every effort will be made to ensure the equipment is working properly, technical difficulties may affect how smoothly the appointment goes
- Every precaution is made to protect the privacy and security of your session. If you have any concerns about this, please speak with your health professional

All Queensland Health employees work under the Provisions of the Health Services Act 1991 Section 63 which provides the legal basis for release of information.
Please be aware that in matters of Child Protection and in some matters relating to the rights of parents as guardians, e-PIMH cannot legally deny access to all information.
Queensland Health is subject to following the instructions of Courts and obey any legal directions of a Court. e-PIMH will, however, only disclose relevant information when legally appropriate. At all other times, the direction on this form will be adhered to.

31-33 Robinson Rd
Nundah, Q 4500
t 07 3266 0300 / f 07 3266 0344
m 0428 280 893
e e-PIMH@health.qld.gov.au

My Consent for a video conference WITH me

☆ I understand that if all of my goals are not achieved in the video conference, I will have the opportunity to explore other options with my health professional.
☆ I can change my mind and stop the video consultations at any time, including mid-session.
☆ If I change my mind about video conferencing it will not make any difference to my right to ask for and receive health care.
☆ I understand the information shared in the session will be securely stored in my clinical file on the **statewide mental health database**.
☆ I can ask for an interpreter to help me understand what is discussed during the session.
☆ By signing this document I (consumer/parent/guardian) Click here to enter text.

have read and understood the information provided and agree to have video consultations with my health professional: Click here to enter text. and e-PIMH Telepsychiatry clinician/s: Click here to enter text.

☆ I also give permission/do NOT give permission for the following family members to be involved:

Please list family members/relationship	DOB:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

and, (Please discuss points below with your health professional and tick the appropriate boxes)

Yes	*No*	
☐	☐	I give permission for my health professional to discuss my/my child's case with e-PIMH Telepsychiatry clinicians.
☐	☐	I give permission for e-PIMH telepsychiatry to provide written/verbal summaries from my/my child's session/s to my health professional.
☐	☐	I give permission for my/my child's session to be recorded or to have photographs taken to be sent and stored securely and only used to benefit my/my child's health care.
☐	☐	I give permission to e-PIMH telepsychiatry to contact me/my family/health professional in the future as part of my/my child's long-term follow-up care.
☐	☐	I give permission to e-PIMH telepsychiatry to contact me/my family/health professional in the future as part of their evaluation process of the e-PIMH telepsychiatry service.

Consumer Signature(s) ..... Date .....

Name(s) (please print Click here to enter text.

Witness Signature ..... Date .....

31-33 Robinson Rd
Nundah, Q 4500
t 07 3266 0300 / f 07 3266 0344
m 0428 280 893
e e-PIMH@health.qld.gov.au

My Consent for a video conference about me/my child WITHOUT me present

☆ I understand that I will NOT be at the video conference, but information about me/my child will be shared with other health professionals to explore the best way forward for my/my child's health care.
☆ I understand that if all of my goals are not achieved in the video conference, I will have the opportunity to explore other options with my health professional.
☆ If I change my mind about video conferencing it will not make any difference to my right to ask for and receive health care.
☆ I understand the information shared in the session will be securely stored in my clinical file on the **statewide mental health database**.
☆ By signing this document I (consumer/parent/guardian) have read and understood the information provided and agree for video consultations to occur about me/my child without me present.
☆ I also give permission/do NOT give permission for the following family members and/or health professionals to be involved:

Please list family members/health professional	Relationship
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

and, (Please discuss points below with your health professional and tick the appropriate boxes)

Yes	*No*	
☐	☐	I give permission for my health professional to discuss my/my child's case with e-PIMH Telepsychiatry clinicians.
☐	☐	I give permission for e-PIMH telepsychiatry to provide written/verbal summaries from my/my child's session/s to my health professional.
☐	☐	I give permission for my/my child's session to be recorded or to have photographs taken to be sent and stored securely and only used to benefit my/my child's health care.
☐	☐	I give permission to e-PIMH telepsychiatry to contact me/my family/health professional in the future as part of my/my child's long-term follow-up care.
☐	☐	I give permission to e-PIMH telepsychiatry to contact me/my family/health professional in the future as part of their evaluation process of the e-PIMH telepsychiatry service.

Consumer Signature(s) ..... Date .....

Name(s) (please print Click here to enter text.

Witness Signature ..... Date .....

31-33 Robinson Rd
Nundah, Q 4500
t 07 3266 0300 / f 07 3266 0344
m 0428 280 893
e e-PIMH@health.qld.gov.au