

POLICY

Telehealth Policy

The Lifestory Practice

Effective date: 30 August 2026 | **Policy contact:** Carrie Gibbons, Practice Manager

Purpose and scope

This policy explains how The Lifestory Practice provides therapy, assessment, consultation and other agreed services by video or telephone. It is intended to support accessible care while maintaining the same standards of safety, privacy, consent, professional conduct, documentation and clinical quality that apply to in-person services. It applies to all workers who provide or support telehealth.

What telehealth includes

Telehealth is a real-time service delivered when the practitioner and client are in different locations, usually by secure video and, where clinically appropriate, telephone. Email, text messages, forms and portal messages may support administration or care but are not a substitute for a scheduled clinical consultation unless specifically agreed and professionally appropriate.

Clinical suitability and client choice

Telehealth is offered only when the practitioner considers it safe, clinically appropriate and within their competence. The practitioner will consider the client's preferences, communication and accessibility needs, age and capacity, presenting concerns, level of risk, privacy, technology, location, available supports and whether physical observation, testing materials or in-person intervention is required.

A client may request an in-person appointment or decline telehealth, subject to service availability. Telehealth suitability is reviewed throughout care. The practice may recommend in-person care, a different service or a local provider where telehealth would not provide safe or effective care.

Informed consent

Before telehealth begins, the practitioner will explain the proposed service, likely benefits, material risks and limitations, alternatives, privacy arrangements, fees, technology requirements, emergency procedures and what will happen if the connection fails. Consent and any agreed conditions are documented. Consent may be withdrawn at any time, but withdrawal does not affect services already provided or fees already incurred.

For children, young people or adults who may not have decision-making capacity, the practitioner will confirm who may consent and will involve the client in a manner appropriate to their age, maturity, understanding and circumstances.

Identity, location and attendance

The practice will take reasonable steps to verify the identity of the client and any other person attending. At the beginning of each session, the practitioner may confirm:

- the client's full name and current physical location
- a telephone number that can be used if the connection fails
- who else is present or able to hear the session
- the identity and role of any support person, interpreter, parent or representative
- the relevant local emergency contact or service where clinically indicated.

The client must tell the practitioner if they change location during a session. A session will not proceed while the client or practitioner is driving. Participation from a public or unsafe setting may require the appointment to be paused, changed to a safer format or rescheduled.

Privacy and confidentiality

The practice uses approved systems and reasonable technical and organisational safeguards. Practitioners conduct sessions in a private setting, use practice-approved accounts and devices, protect access credentials, check recipients before sending information and prevent unauthorised people from seeing or hearing the consultation.

Clients are encouraged to use a private space, headphones where helpful, a secured device and network, and to tell the practitioner if privacy is interrupted. Telehealth carries risks that cannot be eliminated, including interception, platform or device failure, misdirected communications and other people overhearing the session.

A telehealth session will not be recorded, photographed, screen-captured, transcribed or observed by an unapproved person without prior discussion and specific consent from everyone involved. Any approved recording must have a defined purpose, secure storage arrangements and an agreed retention or deletion process.

Technology and connection failure

Before or at the first appointment, the practice may test the chosen platform and agree on a backup method. The client is responsible for access to a suitable device, power, data or telephone service and a connection adequate for the appointment.

If the connection is disrupted, reasonable attempts will be made to reconnect. The practitioner may telephone the client, continue by another approved method if clinically appropriate, shorten or reschedule the appointment, or recommend in-person care. If contact is lost when there is an immediate safety concern, the practitioner may use the client's recorded location and emergency information to seek assistance.

Safety, emergencies and crisis support

Telehealth is not an emergency or continuously monitored crisis service. If there is immediate danger or urgent medical or mental health risk, call 000 or attend the nearest emergency department. The client should not rely on email, voicemail, SMS, portal messages or social media for urgent assistance.

Where clinically indicated, a telehealth safety plan may record warning signs, local services, emergency contacts, the client's current location and steps to take if risk escalates or contact is lost. If the practitioner reasonably believes action is necessary to prevent or lessen a serious threat to life, health or safety, relevant information may be shared with emergency services or another appropriate person as permitted by law. The practitioner will disclose only information reasonably necessary and document the decision.

Professional boundaries and communication

Telehealth appointments occur at agreed times and through approved channels. Email, SMS and portal messages are generally used for administration, resources or brief agreed communication and may not be read immediately. Therapy, assessment, crisis response and case management are not provided through social media or unplanned messaging. Standard professional boundaries apply even when a practitioner or client joins from a home or informal environment.

Interstate and overseas services

The client must advise the practice if they will be outside South Australia or Australia for a session. Before proceeding, the practitioner will consider whether their registration, insurance, professional obligations, funding rules, privacy arrangements and the law in the client's location permit the service. The practice may decline or postpone a session if these requirements or effective emergency arrangements cannot be confirmed.

Fees, funding and cancellations

Telehealth fees, payment arrangements and cancellation requirements are explained before service delivery and are governed by the service agreement, Ethical Billing Policy and Cancellation and Non-Attendance Policy. A disrupted session is not automatically free or refundable; the practice will consider the cause, duration, clinical work completed and applicable funding rules.

Medicare, DVA, NDIS, private health or third-party funding is claimed only where the service, practitioner, referral or agreement and delivery method meet the relevant requirements. Video is preferred for Medicare telehealth when it can be used; telephone is used only where clinically appropriate and an applicable item or funding arrangement permits it. Email-only consultations are not billed as MBS telehealth services.

Clinical records and information security

Telehealth consent, attendance, modality, client location where relevant, people present, clinical content, risk decisions, technical disruptions, emergency action and follow-up are documented in the clinical record. Records are stored and retained under the practice's Privacy and Confidentiality policies.

Client-identifying or sensitive information must not be entered into personal accounts, consumer AI tools, unapproved transcription or translation services, personal cloud storage or other unapproved technology. Suspected privacy or security incidents must be reported immediately to the Practice Manager.

Review and complaints

Telehealth arrangements may be reviewed, changed or ended if the client's needs, risk, privacy, technology, location or clinical circumstances change. Concerns may be raised with the practitioner or Practice Manager and will be handled under the practice's feedback, complaints and privacy processes. This policy is reviewed at least annually and sooner after a significant incident or relevant regulatory change.

Contact details

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Policy references

- Privacy Act 1988 (Cth), Australian Privacy Principles and OAIC Guide to Health Privacy
- Ahpra, Information for practitioners who provide virtual care
- Applicable National Boards' registration standards, codes and guidelines
- Services Australia telehealth and mental health billing guidance
- NDIS Pricing Schedule and applicable participant service agreement
- The Lifestory Practice Privacy, Confidentiality, Informed Consent, Ethical Billing and Cancellation policies.