

TELEPSYCHOLOGY and E-THERAPY INFORMED CONSENT

Client Name: _____ Date: _____

LOCATION WHERE TELEPSYCHOLOGY and E-THERAPY SESSIONS WILL OCCUR:

Prior to taking part in telepsychology and E-Therapy sessions please provide the specific location from which you intend to conduct your video/phone session(s) and the name and contact information of an emergency contact person. This information is necessary in the event of an emergency and for your safety. By verbally agreeing to this with me and signing this form by electronic signature or email, you are stating that you have read, reviewed, understood and agreed to all below. In addition you are granting consent for me to conduct therapy with you and in the event of an emergency or caution to your safety and well being, I will notify your emergency contact and/or emergency services.

If the address where your webcam/phone for our session(s) is the different than what is recorded in your Intake Form or Online Appointment Profile, please give me your updated information below.

Address where I will conduct my telepsychology sessions is: Same as the address already on file.

Alternate Address: _____

Alternate Mobile or Land Line Phone Number if call drops: _____

** Code word or other Verification of your identity on any online/phone session: _____

Emergency Circumstances and Contact Information:

Emergency Contact Name and Relationship: _____

Contact Numbers: _____

Address: _____

Should your confidentiality or safety be compromised in any way during our call, let's agree to use the word _____ as a way of signalling to the other that one must redirect the content of the call or you may need to hang up. If you must hang up and there is reason to believe you are not safe, it is necessary that you reach out again within a few minutes or emergency services may be called to check on your welfare.

BENEFITS AND RISKS OF TELEPSYCHOLOGY/ONLINE E-THERAPY:

Engaging in therapy by telephone or webcam has a wide range of benefits, including more flexibility in scheduling, reduced travel time, access to counseling services from the privacy of your home or office or from remote areas or when mobility is limited.

There are limitations inherent to this type of service delivery option, and it is important that you, as a consumer of such services, are aware of the limitations. These include but are not limited to:

1. Potential for unstable or lost electronic connection via internet or phone lines, thereby causing disruption to the therapeutic process.
2. In the event that technical problems interfere with telepsychology or e-therapy appointment, the back up plan includes calling you on the phone number you provided above. Depending on timing and needs, we will collectively agree whether to consider the call complete as is or whether it is beneficial to resume or reschedule the remaining portion of the session time.
3. Less ability to see important characteristics in communication.
 - This may include detailed facial expressions or non-verbal gestures which are normally present in an in-person session. It will be our common understanding that we will speak plainly, slowly and within our truth as best possible and as much as possible articulate emotions, gestures and the awareness of internal or physical qualities that would enhance the expression of content.
4. Potential limits in privacy in the end user environment.
 - The security and privacy of your software, phone connections, internet connections or the physical space you are in cannot be guaranteed by me while receiving telepsychology services. It is important to use a secure internet connection rather than free/public Wi-Fi during the session, it is equally important for you to be in a private space free of distractions (such as tv, cell phone, family/friends). If there are any concerns about the possibility of hackers/recording made of our session, let us discuss all concerns immediately or defer therapeutic sessions until more secure means are possible. Phone sessions may be preferred however are still vulnerable.
5. Certain situations may not lend themselves well to an e-therapy service delivery option.
 - These types of cases include high suicide risk, self harming and domestic violence. I will inform you if I feel you would be better served by crisis services and will present and request alternative options in such an eventuality.
6. Documentation of Notes or Private Information
 - While recording of sessions with voice software is not permitted without our mutual consent, it is my practice to write notes from our counselling sessions so that I might capture key content, ideas, names, themes, recommendations, changes, etc. Your information will be properly secured and stored in a home office and if you consent, can be emailed to you via a scanned document. Again, I cannot verify the security of information over electronic servers such as Google beyond the password protection and encryption mechanisms offered.
 - If you agree to written notes, I will keep a physical copy of the notes for you to have once we resume face to face sessions. Do you consent to this information being shared via email? Yes / No

STEPS FOR TELEPSYCHOLOGY and E-THERAPY:

I require that you take the following steps prior to beginning your first Telepsychology or E-Therapy session. Each person who will be participating in the online appointment is to complete these steps.

1. Complete this document (Telepsychology Services Informed Consent) and return by scanning and emailing or writing in an email that you have read, understood and agree to this Telepsychology Services Informed Consent.
2. Confirm with your insurance provider that Telepsychology sessions (video/phone) are covered.
3. If you are not an adult/are obtaining services for a person under 18, permission from parent/legal guardian is required for participation.
4. Ensure the location from which you are engaging in this session is free from distraction, confidential and private and supplied with the *necessary items needed to make counselling effective* such as pen, paper, Kleenex, pillows, blankets, phone or computer chargers, water, etc. You can be assured that I will have done the same on my end so that I can provide the most confidential, attentive, and attuned session possible given the technology being used.
5. Wait for my phone call to the phone number listed in your appointment booking or click the link to the Doxy.me 'waiting room' for the practitioner you are scheduled to meet that (sent to you in the Appointment Reminder email an hour before your scheduled appointment).
6. Please be patient, I respect your time is valuable. If we start a few minutes later I will do the utmost to ensure you get your full session time.
7. Counselling sessions, in person and via phone or computer, operate as a 50 minute hour to allow time for note taking, administration needs, etc. Your Telepsychology/Online Therapy will follow this timing as well.

YOUR SESSION AND PAYMENT PRIVACY:

1. You may turn off or uninstall the video/webcam software after your session but you may want to consider leaving it installed if you plan to have another session.
2. Telepsychology and E-Therapy sessions will not be recorded or saved on any hard drives, servers, or on any other media storage device by either you, the client, or I, the therapist without first having obtained written consent from each other.
3. You may at any time decline online communication and choose to speak by phone or in person when possible and safe to do so. A record of this decision will be noted in your file.
4. Payment for Telepsychology or E-Therapy Sessions can be made via an Email Money Transfer sent to a provided email address.
1. A receipt of payment will be issued for all Telepsychology and E-therapy sessions with the necessary information for Insurance benefit claims once receipt of payment has been confirmed.
5. If requested, credit card or Insurance submission may be possible during the same week of the online appointment however not within the same day. You will also be signing below that you agree to this manual submission of credit card fees or Insurance claim on your behalf.

It is therefore your personal responsibility that any amount not covered by your credit card and/or Insurance policy/claim is to be paid in a timely manner.

Email Money Transfer to be sent to practitioner's email address: _____ or

Credit Card Number and Expiry: _____ or

Insurance Company: _____

Planholder Name and Date of Birth: _____

Insured Member Name and Date of Birth: _____

Policy Number: _____ Group Number: _____

If unsure of above, please list all Numbers listed on Benefits Card with appropriate spacing:

OVERALL ACCEPTANCE OF TELEPSYCHOLOGY/ E-THERAPY INFORMED CONSENT:

I have reviewed this document and I have been informed of, understand to the best of my knowledge and accept all the conditions and stated limitations of telepsychology or e-therapy sessions.

Date: _____

Client Name(s): _____

Signature of Client(s): _____

Name of Provider: _____

Signature of Provider: _____

Thank you!

It takes courage to speak to our needs at any time of life, especially now in these unprecedented times. Thank you for your trust, openness and willingness to share your journey. It is honoured and respected.

If anything causes you stress in this process, please share so we can work through this together.