

YOUR PRACTICE NAME/LOGO

Informed Consent to Teletherapy Services

The purpose of this *Informed Consent to Teletherapy Services* is to inform clients about the process of Teletherapy therapy services. This form is in addition to the Informed Consent that is included in the Client Intake form and must be completed by the client prior to the use of teletherapy services.

PROVISION OF A TELETHERAPY SERVICE:

Teletherapy services includes therapy sessions provided by video or phone call, with preference for video call as this is closest to in-person therapy sessions.

Once a Teletherapy session is scheduled your therapist will email you a secure link to be able to connect to your Teletherapy session with YOUR NAME via the Teletherapy platform used. No software needs to be downloaded.

Teletherapy services require clients to have a secure and reliable internet connection and a device (i.e., smartphone, iPad, laptop, desktop) with a camera, microphone and speakers.

It is advisable for clients to choose an environment for each session where they are not likely to be distracted, interrupted or overheard, and one that has minimal noise disturbance. Clients are encouraged to also choose an environment with good lighting and consideration of the background as it may be visible to YOUR NAME.

Because clients may be in varied locations for their Teletherapy sessions, YOUR NAME will require clients to provide their location at the commencement of each session. Please be aware that clients are responsible for any costs associated with setting up the technology needed so they can access Teletherapy services and their data or call usage. YOUR NAME will be responsible for the cost associated with the platform used to conduct Teletherapy services.

Clients should be aware that problems may occur due to connection issues causing image delays or less than optimal image quality. Video calls generally limit the amount of non-verbal information exchanged between therapists and clients and as a result, there is greater potential for misinterpretation. Clients are asked to please have patience with the process and clarify information if they think YOUR NAME has not understood them well and to also be patient if she asks for periodic clarification.

Please note that YOUR NAME will be taking notes and at times will need to look down during Teletherapy sessions to record these. In accordance with legislative requirements, electronic records and paper records are kept in secure storage.

YOUR NAME will not make video or audio recordings of Teletherapy sessions and clients are asked to respect YOUR NAME's privacy by agreeing not to make such recordings of Teletherapy sessions and not to use materials from the sessions for purposes other than therapy (e.g., posting any portion of said sessions on internet websites such as Facebook or YouTube is not permitted).

PROCEDURES IN CASE OF TECHNICAL DIFFICULTIES OR DISRUPTIONS IN SERVICE:

If there is ever a disruption of services on the internet or technical difficulties YOUR NAME will message or call the client to discuss how to proceed with the session. If reconnection is not possible within 10 minutes YOUR NAME will send an email to schedule a new session time.

PRIVACY:

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information YOUR NAME uses up-to-date security software and a HIPAA, GDPR, PHIPA/PIPEDA, & HITECH compliant teletherapy service which is inclusive of end-to-end encryption to protect your privacy.

AGREEMENT:

By agreeing to participate in a Teletherapy session, I agree to expressly release YOUR NAME from any liability associated with unintended cyber security issues and/or difficulties with unsecured communications.

Client Name: _____
(please print clearly)

Client Signature: _____

Date: _____