

CONSENT TO VIRTUAL COUNSELLING

Notice: This consent form is to be given with the “Adolescent Informed Consent Form for Counselling” or the “Informed Consent Form for Counselling”

Client Name: _____ File #: _____

Therapist Completing Consent Form: _____

Date: _____, 20____

I hereby consent to receive virtual counselling services for:

____ Myself (if 12 years of age or older)

____ My child (if under 12 years of age)

Counselling sessions and therapeutic support will be provided:

- Only by telephone or OTN (Ontario Telemedicine Network)
- An information sheet on OTN is available – please ask your therapist to see it if you are interested.
- Email may be used to confirm appointments or to send documentation (i.e. consents or resources) but will not be used to discuss your case. The content of emails will be encrypted (password protected). We will not respond to text, social media, or through any other method.

Privacy

- The use of virtual services limits our ability to ensure your privacy.
- Your therapist will complete all virtual services in a secure and protected space.
- We cannot guarantee the security of your devices or physical location. Please ensure you:
 - Have password protected access to your router and wifi network
 - Have a private place to speak during a session
 - Tell your therapist if anyone else is listening or watching the session
 - Make a plan with your therapist to end a session if you are not able to keep the conversation private or it is not safe to talk.
- Ask your therapist if you need assistance with any of the above before starting virtual counseling.
- No part of any videoconferencing or telephone session will be recorded, taped, or

- Please do not record the session unless you have had a direct conversation with your therapist about it.

Risks and Limitations

- Technical or connection problems can cause a speech delay or sudden interruptions to your session. Please tell your therapist right away if the quality of video sessions becomes a problem or is interfering with your ability to communicate.
- Everyone needs a back-up plan in case of connection issues. You will be asked to provide a phone number and come up with a plan on how to be reached in case of issues with technology.
- There is an increased chance of confusion or miscommunication during virtual visits. Your therapist will try their best to manage this but also needs your help. It is OK to tell your therapist if they have not understood you or missed something important.
- Your therapist may ask to confirm your location and a telephone number where you can be reached if there is a concern for your safety during the session.
- To ensure your safety please inform your therapist if you will be off camera or away from your phone.

Consent:

At any time, you or your therapist may decide that virtual counselling sessions are not appropriate for your care. Should this be determined, your therapist will provide other alternatives, if possible.

I have reviewed this consent form and consent to the use of telephone or videoconferencing to participate in services at WECHC.

Name of Participant (12+):

Name of Parent/guardian giving consent:

Date of Participant Verbal Consent:

Name of person obtaining consent:

Signature of person obtaining consent:

A copy of this consent form can be found at wechc.on.ca/mentalhealth or can be e-mailed to you at your request.