

ONLINE THERAPY CONSENT FORM (REQUIRED IN THE EVENT VIDEO CONFERENCING IS NECESSARY)

Definition of Services:

Online therapy is some form of psychotherapy service provided via internet technology, which can include consultation, treatment, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that online therapy involves the communication of sensitive personal information, both orally and/or visually. Online therapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that online therapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand that I have the following rights with respect to online therapy:

Client's Rights, Risks, and Responsibilities:

1. I, the client, need to be a resident of British Columbia. (This is an insurance requirement for Registered Clinical Counsellors)
2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
3. The laws that protect the confidentiality of my personal information also apply to online therapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment.
4. I understand that there are risks and consequences of participating in online therapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my counsellor, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
6. In addition, I understand that online therapy based services and care may not be as complete as face-to-face services. I also understand that if my counsellor believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area, or recommended to switch to this form of therapy with my current counsellor if reasonably possible.
7. I understand that I may benefit from online therapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my counsellor, my condition may not improve, and in some cases may even get worse.
8. I accept that online therapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital

emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the Crisis Centre at 1-800-784-2433 for free 24 hour support. Clients who are actively at risk of harm to self or others are not suitable for online therapy services. If this is the case or becomes the case in the future, my counsellor will recommend more appropriate services.

9. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in online therapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my online therapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online therapy session. It is the responsibility of the psychological treatment provider to do the same on their end.

10. I understand that personally identifiable images or excerpts from the therapy for the purpose of clinical supervision will not happen without my explicit consent given to have sessions recorded.

I have read, understand and agree to the information provided above regarding online therapy:

Client's Signature: _____ Date _____

Therapist's Signature: _____ Date _____

I consent to receiving online therapy from _____ (therapist name):

Client's Signature: _____

Date: _____