

CONSENT FOR Phone or Virtual CONSULTATION

I understand that my clinician has offered to provide consultation via phone, skype or zoom.

I authorize my clinician to allow us to meet via smartphone or a secure online videoconference service platform. I am aware that there may be additional charges from my internet provider. **I am aware that there may be additional charges from my internet/telephone provider if I exceed my data or phone minutes while using eCounselling or telephone for this service. Please check your data / phone limits to ensure you do not incur unexpected overages.**

My clinician has explained to me how the video conferencing technology that will be used will not be the same as a direct client / psychotherapist session due to the fact that I will not be in the same room as my provider.

I understand that a telephone or virtual consultation has potential benefits including easier access to care, continuity of care, and the convenience of meeting from a location of my choosing.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my health care provider or I can discontinue the telephone or virtual consult/session if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that the telephone or virtual session will not be audio or video recorded at any time, and that we will both disable computer and device-generated recording to the best of our abilities.

I understand that it is important to connect from a quiet room, with no interruptions, where my privacy is guaranteed.

I understand that the limitations to confidentiality outlined in our original Professional Disclosure Statement apply to the videoconferencing format.

My consent to participate in this telephone or virtual service shall remain in effect for the time period we agree upon, 1 year from today, which we can modify, or until I revoke my consent in writing.

I agree that there have been no guarantees or assurances made about the results of this service.

I have had a direct conversation with my clinician, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in language which I understand.

I confirm that I have read and fully understand the above.

Name: _____

Signature: _____

Date: _____