

CONSENT TO ONLINE THERAPY

Please fill in the form below after reviewing the instructions.

Online Therapy Consent

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

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my therapy information also apply to online psychotherapy. As such, I understand that the information disclosed by me during the course of my therapy is confidential. However, there are both mandatory exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards oneself or another.
3. I understand that the internet is not 100% confidential even though the site used is PHIPA compliant. Engaging in psychotherapy through distance options including over the phone or through use of videoconferencing technology allows clients to receive psychotherapy while in-person sessions are unavailable. All the regular benefits and risks of engaging in therapy apply to phone/video session format in addition to the following:
 - There is a risk for technical difficulties. If the video technology is not functioning properly or a call is dropped, you re-enter the session, by clicking on the link provided.
 - There is an increased risk for unauthorized access. Despite my best efforts, video and phone-based sessions are at an increased risk for breach in confidentiality due to possible unauthorized access.
 - There is an increased risk for interruption when attending your session in a home environment that you share with others.
 - There may be circumstances in which phone or video sessions are not appropriate in which case I will work with you to find appropriate sources of support.

CONSENT: * YES NO

FULL NAME * FIRST NAME LAST NAME

EMAIL

STREET ADDRESS

CITY POSTAL / ZIP CODE

SIGNATURE

Kindly upload the completed form to: ChangeLifeCounselling@gmail.com