

Consent for Teletherapy Services

What is Teletherapy, and why this additional consent form?

Teletherapy is an umbrella term that includes therapeutic services that are delivered via telephone, or secure video conferencing (sometimes referred to as virtual, or online therapy). Historically, it has been utilized occasionally in our practice when an in-person session has been impractical. It has become increasingly common recently, and there are some unique considerations when using teletherapy. This additional consent form sets out to address these issues and gain your informed consent to participate in this type of therapy.

What is required of me as the patient?

Patients must be a resident of Ontario and located in Ontario at the time of the session (with exceptions made for occasional sessions when the patient might be travelling outside of the province).

For virtual, or online therapy, you will need a computer with internet access and webcam ability. You will also need access to a phone in the same room.

How secure and confidential is teletherapy?

We use a software platform called Doxy.me, which complies with all requirements of Ontario's Personal Health Information Protection Act (PHIPA). This platform offers end-to-end NIST-approved, AES 128-bit encryption to protect all video and audio communication, and none of your personal data is ever recorded or stored. Despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission could be breached and accessed by unauthorized persons. This applies to both telephone and online sessions.

You have the right to confidentiality with teletherapy under the same laws that protect your medical information for in-person psychotherapy. In addition to standard limitations of confidentiality (outlined in our Privacy Policy), teletherapy services have unique considerations and limitations in terms of confidentiality. Please consider the following:

- No recordings of sessions are ever made unless there is expressed reason and consent to do so (e.g., for supervision or consultation purposes).
- There may be instances where a therapy session is interrupted due to screen distortions, poor internet signal quality, or technical failures. In these instances your therapist will reach back out to you to re-initiate the session.
- Confidentiality will be ensured on the therapist end via a private room for the session. The client assumes responsibility for ensuring the privacy of the space that they receive therapy in. It is recommended that clients choose an environment for receiving services that is comfortable, free from distraction and potential disruption.

- Therapeutic treatments of all kinds have been found to be effective in treating a wide range of mental health concerns, though there is no guarantee that all treatments will be effective. While you may benefit from teletherapy, this benefit cannot be assured.
- Teletherapy is different from in person therapy, and not every person is a good candidate for teletherapy. While we do our best to only begin teletherapy services with clients for whom we believe it will be sustainable and helpful, it may become evident in the course of your treatment, that teletherapy is not an appropriate modality for you. If either you or your therapist believes that you would be better served by another form of psychotherapeutic service or support, arrangements will be made to transfer you to such services.
- In a case of emergency, your therapist will do their best to guide you through steps for a safety plan. Emergency service supports that can be accessed include:
 - Canadian Mental Health Association (CMHA) Crisis Services 519-434-9191
 - Reach Out Mental Health Addictions and Crisis Service: online chat at reachout247.ca or phone 1-866-933-2023

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to engage in teletherapy at any time by providing written notification to my therapist.

My signature below indicates that I have read this consent form and agree to its terms.

Name Printed

Signature

Date