



COUNSELLING SERVICES

Informed consent for teletherapy sessions

1. I understand that “teletherapy” includes secure videoconferencing, emails, telephone conversations, and education using interactive audio, video, or data communications.
2. Unless I explicitly provide agreement otherwise, teletherapy exchanges are strictly confidential. Any information I choose to share with my therapist will be held in the strictest confidence. My private information will not be released unless I am required to do so by law. In Nova Scotia, we are required to notify authorities if we become convinced a client is about to physically harm someone, harm themselves, or if they are abusing or about to abuse children, the elderly, or the disabled.
3. I understand that I have the right to withdraw or withhold consent from teletherapy services at any time. I also have the right to terminate treatment at any time.
4. While teletherapy will be conducted primarily through secure and private videoconferencing, I understand that there are always some risks with teletherapy services including, but not limited to, the possibility that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your information could be intercepted by unauthorized persons, and/or the electronic storage of your medical information could be accessed by unauthorized persons.
5. I will work with my therapist to identify an alternative communication method, such as the phone, in the event that the videoconferencing tool fails.
6. I understand that I may benefit from teletherapy but that results cannot be guaranteed or assured.
7. I understand and accept that teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that the protocol would be to 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 may call the Mobile Mental Health Crisis Line at 1-888-429-8167 or (902)429-8167 for free 24-hour hotline support.
8. I will be responsible for the following: (1) providing the computer and/or necessary telecommunications equipment and internet access for your teletherapy sessions, (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy sessions.

9. I agree not to record teletherapy sessions.

10. I agree to be dressed as if I were attending an in-person face to face session.

Click here to accept: OR sign here: _____

Print name: _____

Date: _____