

Consent and Statement of Understanding Regarding Telepsychology (On-Line Sessions)

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I understand that live videoconferencing or telepsychology sessions are an option in which Dr. Tatiana Nedecheva and I may use the internet on various electronic devices and will be able to see and hear each other and interact in real time to engage in therapy or consultation.

I understand that I need to be an Ontario resident to receive on-line telepsychology services from Dr. Tatiana Nedecheva.

I understand that at times, videoconferencing may be one way to attend appointments when I cannot physically be present in my therapist's office due to several factors, including but not limited to: travel outside the province, recovering from an illness and not being able to travel, lack of access to transportation to the office, when weather or public health advisories against travel are issued, etc.

I understand there may be advantages and benefits to telepsychology. For example, telepsychology can reduce barriers to access, such as living in a remote community, mobility issues, and an inability to take time off work. It also reduces travel time. I understand there are also potential risks to using technology including interruptions to sessions and technical difficulties. I understand that Dr. Tatiana Nedecheva or I can discontinue the telepsychology session if it is felt that the videoconferencing connection is inadequate for the session. In cases of technical difficulties, the therapy session will be conducted as a telephone session or will be rescheduled. Please indicate the best phone number to reach you at should the session get interrupted: _____.

I understand that the laws that protect the confidentiality of my information also apply to telepsychology. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received from Dr. Tatiana Nedecheva.

I understand that Dr. Tatiana Nedecheva will only use the platform Ontario Telemedicine Network (OTN). OTN servers are hosted and located in Canada. OTN complies with the Personal Health Information Protection Act (PHIPA) and other privacy legislations. The video consultations are encrypted and the content of the video is never recorded or stored anywhere. Minimal personal information is required to use the system (only name and email), and this data is completely private between providers and their clients. Regular privacy and security assessments are conducted to ensure that OTN services protect personal health information.

I understand that when I am engaged in telepsychology sessions, it is my responsibility to choose a secure location to ensure that family, friends, employers, co-workers, strangers or hackers cannot overhear my communications or have access to the technology or devices I am using.

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Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my telepsychology session will enhance my session experience.

I understand that it is my responsibility to make sure that I am using a private and encrypted WIFI and that my devices have protections like firewalls, anti-virus software and are password protected. I understand that Dr. Tatiana Nedecheva is using the same standards on her devices to protect my privacy and confidentiality.

I understand that I can discontinue telepsychology sessions and revoke this authorization at any time without affecting my right to future treatment. I also understand that Dr. Tatiana Nedecheva may discontinue videoconferencing sessions if it becomes apparent that this method is not the most appropriate type for my needs. Dr. Tatiana Nedecheva and I will then discuss reasonable alternative options including in-person sessions or referral to another mental health provider.

I accept that telepsychology 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. Clients who are actively at risk of harm to self or others are not suitable for telepsychology services. If this is the case or becomes the case in future, my psychologist will recommend more appropriate services.

I understand that this informed consent for telepsychology is only in addition to the Informed Consent for Treatment form and does not replace it in any way.

By signing this consent, I confirm:

- That I have read or had this form read, and it has been explained to me.
- That I fully understand the contents of this form including the risks and benefits of telepsychology sessions.
- That I have been given an opportunity to ask questions and that they have been answered to my satisfaction.

I hereby authorize Dr. Tatiana Nedecheva to use PHIPA compliant and secure telemedicine technology (i.e., OTN) for our therapy sessions.

Client Signature _____ Date _____