

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

---

**Dr. Zohar BenDavid-Streiner, C.Psych.**

**Ottawa West Professional Services**

100 Craig Henry Drive, Suite 101

Ottawa, Ontario, K2G 5W3

Phone: 613-321-0915 / Fax: 613-421-0187

Website: [www.ottawawestpros.com](http://www.ottawawestpros.com)

I understand that live videoconferencing or teletherapy is an option in which Dr. Zohar BenDavid-Streiner 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 psychotherapy.

I understand that I need to be an Ontario resident to receive on-line therapy services from Dr. BenDavid-Streiner.

I understand that at times, videoconferencing may be one way to continue psychotherapy sessions when I cannot physically be present in Dr. BenDavid-Streiner'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 teletherapy. For example, teletherapy 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. However, the efficacy of this method of therapy may vary, depending on clients' needs. I understand there are also potential risks to using technology, including interruptions to sessions and technical difficulties (e.g., equipment failures or poor internet speed). I understand that Dr. BenDavid-Streiner or I can discontinue the teletherapy session if it is felt that the videoconferencing connections are inadequate for the session. In cases of technical difficulties, the therapy session will be conducted as a telephone session or will be rescheduled. I understand that the option of a telephone session will only be offered to regular clients of Dr. BenDavid-Streiner and not to first-time clients, given the need to verify clients' identity. There is a potential for misunderstandings and misinterpretations when visual cues are absent and/or are limited in communications. I, therefore, understand that Dr. BenDavid-Streiner may need to seek clarifications to minimize misinterpretations.

I understand that the laws that protect the confidentiality of my information also apply to teletherapy. 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. BenDavid-Streiner.

I understand that Dr. BenDavid-Streiner will only use the platform OnCall Health. OnCall Health servers are privately hosted and located in Canada, with the Amazon secure cloud. OnCall Health complies with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA) and all equivalent personal health information protection legislation in Canada. 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. I also understand that Dr. BenDavid Streiner has the option of collecting and processing payments through the platform via PCI-compliant Stripe. In addition, I understand that all personal information is

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

---

deleted when it is no longer necessary to deliver the service, or immediately when a user closes their account. Moreover, the technology is regularly audited by a third party to ensure privacy obligations are always being met.

I understand that when I am engaged in teletherapy, 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. Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy 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 and anti-virus software and are password-protected. I understand that Dr. BenDavid-Streiner is using the same standards on her devices to protect my privacy and confidentiality.

I understand that I can discontinue teletherapy and revoke this authorization at any time without affecting my right to future treatment. I also understand that Dr. BenDavid-Streiner will routinely review the appropriateness of teletherapy for me and may discontinue videoconferencing sessions if it becomes apparent that this method is not the most appropriate type of therapy for my needs. Dr. BenDavid-Streiner and I will then discuss reasonable alternatives, including in-person sessions or referral to another mental health provider.

I accept that teletherapy 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. Teletherapy services are not suitable for clients who are actively at risk of harm to self or others. If this is the case or becomes the case in the future, Dr. BenDavid-Streiner will recommend more appropriate services, and will access my emergency contacts, local medical professionals, and/or emergency services.

I understand that this informed consent for teletherapy is in addition to my Informed Consent for Psychological Services and does not replace it in anyway.

By signing this consent, I confirm:

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

I hereby authorize Dr. BenDavid-Streiner to use PHIPA and PIPEDA compliant and secure telepsychology technology (i.e., OnCall Health) for our therapy sessions.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dear Client,**

Please note that all users who login to OnCall Health for the first time must consent to OnCall's privacy policy and terms of service before accessing their account. These documents were developed in consultation with the Royal College of Physicians and Surgeons of Canada and cover privacy questions about accessing OnCall Health and connecting for virtual sessions. The OnCall Health Privacy Policy appears on their website: <https://oncallhealth.ca/privacy/>