

## **Consent for Teletherapy (On-line Therapy Sessions)**

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I understand that live videoconferencing or teletherapy is an option in which Jacqueline Mathurin 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 at times, videoconferencing may be one way to continue psychotherapy sessions 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 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, results from this method of therapy cannot be guaranteed or assured. I understand there are also potential risks to using technology including interruptions to sessions and technical difficulties. I understand that Jacqueline Mathurin 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 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 Jacqueline Mathurin.

I understand that Jacqueline Mathurin use the platform OnCallHealth which complies with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA). Your video consultations and the content of your 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 clients.

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, antivirus software and are password protected. I understand that Jacqueline Mathurin is using the same standards on her devices to protect my 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 Jacqueline Mathurin may discontinue videoconferencing sessions if it becomes apparent that this method is not the most appropriate type of therapy for my needs. Jacqueline Mathurin and I will then discuss reasonable alternative options 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. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case in the future, my psychotherapist will recommend more appropriate services.

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

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 teletherapy
- That I have been given the opportunity to ask questions and that they have been answered to my satisfaction.

I hereby authorize Jacqueline Mathurin to use PHIPA compliant and secure videoconference technology (i.e., OnCallHealth) for our therapy sessions.

Client Signature\_\_\_\_\_Date\_\_\_\_\_