

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

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I understand that live videoconferencing or teletherapy is an option in which Troy Kenny 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 Troy Kenny.

I understand that at times, videoconferencing may be one way to continue psychotherapy sessions when I cannot physically be present in Troy Kenny'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 Troy Kenny 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 Troy Kenny 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 Troy Kenny 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 Troy Kenny.

I understand that Troy Kenny will use the platform VirtualCare™. VirtualCare™ 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 not recorded or stored anywhere. Minimal personal information is required to use the system, and this data is completely private between providers and their clients.

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.

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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 Troy Kenny 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 Troy Kenny 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. Troy Kenny 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, Troy Kenny 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 Psychotherapy 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 Troy Kenny to use PHIPA and PIPEDA compliant and secure teletherapy technology (i.e., VirtualCare™) for our therapy sessions.

Client Signature_____ Date_____

Dear Client,

Please note that all users who login to VirtualCare™ for the first time must consent to VirtualCare's privacy policy and terms of service before accessing their account. The VirtualCare™ Privacy Policy appears on their website: <https://www.thinkresearch.com/ca/company-overview/privacy-policy/>