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Telehealth Client Informed Consent Form

In addition to our general "Informed Consent" and "Privacy Policy" which include information about confidentiality and its limits, information storage, informed consent to treatment, and consent to exchange information, we ask that you read and agree to this specific Telehealth Client Informed Consent Form.

I agree that:

I understand that the benefits of telehealth / video conferencing therapy sessions can include:

- Access to my therapist over the internet
- Therapeutic support as part of my treatment plan
- Avoiding the need for me to travel to my psychologist

I also understand that there are potential risks and down sides of telehealth / video conferencing therapy sessions, and that these can include:

- Telehealth / video conferencing may not feel the same as a face-to-face session
- There could be technical problems that could affect the video / sound quality or connection, and this may disrupt the session in some ways
- Although my psychologist chooses video conferencing software, which has end-to-end encryption and high security standards, there is still a small risk of hacking or others tapping into the video connection

I understand that my psychologist is taking the necessary precautions to ensure confidentiality including:

- Ensuring the privacy of the telehealth session is upheld in the same way an in-person session would be, by choosing a private location or using headphones
- Not allowing any voice or video recording of the session

