



## INFORMED CONSENT AND CHECKLIST FOR SUCCESS REGARDING VIDEO/TELE THERAPY SESSIONS

### Guidelines for a Successful Session

- I will send you a PHIPA compliant Telehealth Link to then follow sign up instructions
- Prior to a session, find a private space to lessen chance of being overheard eg. bedroom, office, basement (if in your vehicle, it must be parked and not in operation)
- Ensure there are no distractions (smart phone, loud noises, refrain from checking emails, housecleaning or tasking). This is your time to be present and attentive. Use it for your support.
- Wear headphones if possible, for sound improvement and further privacy.
- If video session, and the angle of this counsellor's eye contact appears to be looking down at you, please inform me and I will adjust my seating and computer accordingly.

### Risks and Challenges

- You acknowledge that digital technology cannot guarantee information to not be intercepted, corrupted, lost, or infected or someone may access my computer.
- If using technology at work, be advised that employers may have a legal right to inspect and keep electronic communications that pass through their system.
- Technical disruption may occur beyond counsellor control. No fee will be charged for under 15 mins of being disconnected. Client has choice to reschedule if unable to reconnect or change to telephonic service for remainder of session. The session fee will be prorated accordingly.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may still exist on the computer system.
- I understand that the counsellor does not offer 24hr crisis care. A reminder that you can call Calgary Distress Centre 24/7 403-266-4357.
- Should an emergency arise during our session, I authorize this counsellor/therapist to use my emergency contact information from my file or as provided below as part of a safety plan. Steps to follow a safety plan have been discussed at initial session. (reminder that your EAP or HD policy of consent and limits to confidentiality apply) If you are in imminent danger during a session, the therapist will contact 911
- I understand that during the therapy process, my counsellor/or myself may decide that video therapy is not the most appropriate type of therapy for my needs. She will offer either future In-person option (depending on Pandemic Guidelines) and/or may help connect me to other mental health services.
- I understand that I may withdraw this authorization for video/telephonic counselling at any time by giving my written notice. I may specify the date, event, or condition on which this content expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date initiated.
- I have read, asked questions, and understood the above information.
- I hereby authorize Elizabeth (Liz) Hides, MSW RSW CT to use PHIPA Compliant and Secure Online Video (Oncall Health) for our therapy sessions for my Employee Assistance Program (EAP) or private practice therapy.

### CLIENT INFORMATION:

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

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