E-THERAPY INFORMED CONSENT *Susan Dempsey, MA, CCC*

Engaging in therapy by telephone or by an online platform has a wide range of benefits, including more flexibility in scheduling, reduced travel time, access to counseling services from the privacy of your home, office, from remote areas or when mobility is limited.
E-therapy services, however, also have limitations and it is important to me that you are aware of the limitations. Some of these include:

- Potential for unstable or lost electronic connection via internet or phone lines, thereby causing disruption to the therapeutic process. Be assured that in the event that technical problems interfere with the e-therapy appointment, billing will reflect only minutes of quality online therapy with a good electronic connection.
- Complications in obtaining support in the event of an emergency. I will make every effort to contact your local emergency contact(s) provided by you in the e-therapy consent form.
- Potential limits to privacy in the end user environment. I use a platform that offers encrypted security and privacy of its software, and my physical office space is also private. I use a secure Zoom account in which the video data is encrypted in transit and no video, audio, or chat records are stored outside of Canada. However, in order to set-up a Zoom account, your name and email address may be stored on Zoom servers outside of Canada. By participating in the video appointment, you agree to the this information to Zoom.
- However, I cannot guarantee the security of your internet connection or the physical space you are in while receiving e-therapy services. Please do your best to ensure these are in place before your session.
- E-therapy sessions are not recorded or stored on any hard drive or server.
- If you believe anything in the process compromises your privacy, please inform me immediately.

If this is your first session, please complete and sign the New Client Intake form and if possible, scan it to this email address.

ACCEPTANCE OF E-THERAPY INFORMED CONSENT

I have reviewed the E-Therapy Informed Consent document

_____	_____	_____
Print Name	Date	Signature

LOCATION

In order to take part in e-therapy sessions you must provide the specific location from which you intend to have your session(s) and the name and contact information of an emergency contact person. This information is necessary in the event of an emergency and for your safety.

Address where I will conduct my e-therapy sessions:

Same as the home address already listed on my Contact Information form ☐

Or (if different): _____

_____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Me: _____

Best way to contact: _____

If you have any questions, please e-mail me at susan@susandempsey.ca