**Addendum to Informed Consent: Virtual Care**

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| Last Name: | First Name: | Date of Birth(yyyy/mm/dd) | *Preferred telephone #* |
| *Preferred Email:* |
| *Do you prefer email or a text for reminders or communication?* |
|  *If you are in distress during an online session, is there a supportive person who I can call who will ensure that you are safe?**Name:**Phone #:*  | *Date:*  |

The format of providing counselling/psychotherapy services via telephone or video call on an online platform is called “virtual care”.

Benefits of virtual care:

* + The standard of service is equivalent to the standard expected for in-person face-to-face practice.
	+ You can take advantage of being able to access counselling/psychotherapy from the comfort of your home or personal space
	+ You can access counselling without having to drive or travel to a physical appointment thus saving you time and money.
	+ It is more convenient to access therapy in the midst of a busy work schedule

Risks of virtual care:

* + Technology sometimes breaks down. We will need a backup plan if we lose audio/video signal.
	+ There is also a possibility of miscommunication since we are not in person. We will need to address any confusion or miscommunication (e.g., misunderstandings due to mishearing or not being able to notice body language; technology glitches such as audio/video quality, losing Wi-Fi).
	+ There are privacy risks. I have taken reasonable steps to reduce the risks and protect your privacy as much as possible. I will conduct virtual care sessions in a private room and will do my best to ensure that no one can watch or listen. For video conferencing, the connection is a secure channel that provides reasonable (upgraded healthcare compliant) privacy protection.
	+ Sessions will not be audio/video recorded. Clients are asked not to audio/video record the sessions either. If I determine the session is being audio/video recorded, I will end the session.
	+ It will be important for you to feel that your privacy is protected at home as well and ask that you also have a private place for phone/videoconferencing, and you will do your best to ensure that no one is watching or listening.

Other (as applicable to discipline):

* + We will need to develop an alternate plan if I am unable to reach you at the scheduled time.
	+ We will develop a safety plan, if needed, if I am concerned about your safety or the safety of others.
	+ If you require immediate assistance for mental health and wellbeing, there are 24 hour a day resources that include:
	+ [www.crisisservicescanada.ca](http://www.crisisservicescanada.ca)
	+ 1-833-456-4566 Text: 45645

***Do you have any questions? By consenting to these terms of service, you understand your rights, the limits of confidentiality, the risks and benefits of this service, and the nature of the service. You can withdraw your consent at any time. This document can be emailed to you or a hard copy can be provided if you wish.***

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| Name of person(s) who provided **verbal consent**  |
| Jennifer Ackford Jennifer.caritascounselling@gmail.com | Signature: | Date (yyyy/mm/dd): |