

**DR SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC.**

## **Telepsychology Services Consent Form – Adult**

**Definition of Services Telepsychology services:** (also known as **Teletherapy**) is a form of psychological service provided via secure internet technology. It has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted face-to-face at the offices of Dr. Sherri Bruce, R. Psych. Due to the nature of the technology used, Telepsychology services may be experienced somewhat differently than face-to-face treatment sessions. Teletherapy involves arranging an appointment time between the client and the psychological service provider (therapist) when both parties can interface from their computers via the internet or by telephone.

**Client Requirements:** You, the client, need to be a resident of British Columbia. All of the Telepsychology sessions need to be conducted in British Columbia.

**Psychologists Recommendations:** The appropriateness of using telepsychology as a medium for therapy will be decided on an individual basis by the Psychologist. Clients who are actively at risk of harm to self or others are not suitable for Telepsychology services. If this is the case or becomes the case in the future, speak to your treatment provider and more appropriate services will be suggested or recommended.

**Confidentiality:** The Psychologist has a legal and ethical responsibility to make best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. As the Psychologist, I will use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

Because telepsychology sessions take place outside of the psychologist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

**Our Telepsychology Service Provider and Efforts at Quality and Security:** I am currently using On Call Health as a secure provider of Telehealth services at this time. After reviewing their services and considering privacy and confidentiality standards, I have chosen this telehealth service provider as a secure vehicle to provide on-going psychological services.

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**Technology Requirements:** If using videoconferencing, as a client you will need a tablet or computer with internet access and webcam ability. If possible, you will also need access to a regular phone in the same room. If using the telephone only for service, you will be responsible for deciding and knowing the risks and benefits of using either your land line telephone or your cell phone.

**Fees:** The same fee rates will apply for telepsychology as apply for in-person psychotherapy. You are responsible to submit payment for any Telepsychology services that you participate in. I accept e-transfer, Visa, and Mastercard. I would like to pay by, \_\_\_\_\_. If you have extended coverage, please contact your insurance or extended benefit coverage plan to ensure these services are covered by your plan. You can also claim a percentage through your personal income taxes as per Canadian Revenue Agency (CRA) policies.

**Records:** The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

### **Risks and Rights in using Telepsychology Services**

1. You have the right to withdraw consent at any time. It will not affect your right to further treatment.
2. The therapist (or, psychological service provider) has the right, at any time, to determine if Telepsychology sessions are not appropriate for your case. Should this be determined, recommendations for future will be discussed prior to any suspension of services or I will provide referral information to other services.
3. The laws and professional standards that apply to regular psychological services apply to Telehealth services.
4. There are exceptions to client confidentiality policies that exist for regular therapy; these also apply to Telepsychology services. If you need more information on such exceptions, please consult the "Treatment Agreement" provided by your therapist, or speak to them directly.
5. Despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission be breached and accessed by unauthorized persons.
6. There is a risk that services could be disrupted or distorted by unforeseen technical problems. Please provide feedback to your therapist should you find the quality insufficient for your needs.
7. There is a risk of being overheard by anyone near you if you do not place yourself in a private room. You, the client, are responsible for creating a comfortable safe environment on your end of the transmission. It is the responsibility of the psychological treatment provider to do the same on their end.

**Informed Consent:** This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

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

Print Client Name: \_\_\_\_\_

Psychological Treatment Provider: \_\_\_\_\_