



sbirdtherapy@gmail.com

Telemental Health Informed Consent

I, _____, hereby consent to participate in telemental health with Stella Bird BFA MACP RP as part of my counselling/psychotherapy. I understand that telemental health is the practice of delivering clinical mental health services via electronic communications and technology (i.e. phone, e-mail, video conference) between a therapist and a client who are located in two different locations.

I understand the following with respect to telemental health offered by Stella Bird BFA MACP RP:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
2. I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized person, and/or limited ability to respond to emergencies.
3. I understand there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without a written release of info, except where the disclosure is permitted and/or required by law as noted in the limits of confidentiality.
4. I understand that if e-mail is utilized it will only be used by the therapist to offer or confirm appointments. You, as a client, may e-mail and share information but please be aware that this info will be responded to at the time of your session and the e-mail will be placed in your clinical file
Please note: texting is not an option with Stella Bird BFA MACP RP nor is the use of any social media platform. Information about the Stella Bird BFA MACP RP's services can be found on line and there is a facebook account for Stella Bird BFA MACP RP for information purposes only.
5. I understand that the privacy laws that protect the confidentiality of my protected health information (PHIPA) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child abuse and neglect for anyone 15 years of age and under, a subpoena, danger to self or others)
6. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experience a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
7. I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, the therapist will end and

restart the session. If we are unable to connect within ten minutes, the therapist will call your phone # _____ or send an e-mail _____ to discuss how we might reschedule the session.

8. I understand that Stella Bird BFA MACP RP may need to contact my emergency contact and/or appropriate authorities in case of an emergency.
9. All session notes will be documented and placed in the clinical file.
10. Counselling sessions
 - a. Doxy.Me – sessions are held via video (face to face). You will be sent a link to your email with the time of your appointment. Simply click the link before your appointment time and you will join the online “waiting room”. The Doxy.Me platform is HIPAA compliant. The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health care providers that conduct certain health care transactions electronically.
11. Session times and Personal Space
 - a. Your session times are important as this is your “space”. Being prepared as you would be for an in-person session is an important part of therapy. Ensuring that you are comfortable, have a safe and private space to work from is also important and having a pen and paper / drawing materials for you to make notes etc. can be useful. It is also important to be able to give yourself time and space after each session. Therapy uses energy and can bring up unexpected emotions. Ensuring you have some time after a session is healthy self-care.

Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is

and my emergency contact person's name, address, phone and e-mail are:

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

I agree that I understand the information contained within this document.

Signature of client

Date

Signature of parent (if applicable)

Date

Signature of parent (if applicable)

Date

Stella Bird BFA MACP RP

Date