Consent for Online Counselling

This consent form must be completed and submitted prior to booking your session.

Payment must be received prior to the start of the session via e-transfer to a.gamble@sasktel.net.

Note. Online counselling requires a basic level of comfort with technology and access to video conferencing.

Who is Online Counselling For?

Online counselling is a great solution for individuals living in rural/remote areas where services are limited and for those with barriers to mobility or transportation.

Online counselling does not provide crisis counselling and is not intended for clients who:

- 1. Have a history of major psychiatric episodes, hospitalizations or drug/alcohol dependence.
- 2. Have a history of suicidal, homicidal or violent behavior or present suicidal, homicidal or violent tendencies.

If I feel you would be better served by in person sessions, even if online therapy has already begun, I will refer you either to participate in face-to-face sessions with me or with another therapist who can provide such services in your area. If you are in a crisis, emergency, or are considering seriously harming yourself or others, you agree to dial 911 or go to the hospital.

Risks and Limitations

Research has shown that online counselling is generally not as effective as face-to-face counselling but is certainly a good option for individuals who would not otherwise access counselling services.

Communicating over the internet is not 100% secure. Public parts of your profile may be seen by others. Do not put details in your profile that you do not want to be publicly available. Zoom may disclose personal information to respond to legal requirements to enforce their policies or to protect anyone's rights, property or safety. I do not guarantee the privacy or security of any session content being sent over the internet. While Zoom is encrypted for our security, there is a risk that video sessions may be intercepted and reviewed by others.

Technical Disruptions

There may be session disruptions due to technological difficulties. Guidelines for online counselling include:

- Use a personal or home computer it is safer as less people have access to it.
- Avoid sending/receiving emails at wireless (Wi-Fi) hotspots unless you are sure your connection is secure or you are prepared to take the risk.
- Use a password for access to your computer, and log out when finished.

Primary Physical Location during Video Session

• Ensure all security software (anti-virus and firewall applications) updates are installed.

| (address, city, prov./state) | Phone# |
|--|--------|
| Secondary Physical Location during Video Session | n |
| | Phone# |
| (address, city, prov./state) | |

| This Section Only Applies to Clients Residing Outside of Canada (includes dual citizens): | | | |
|---|---|--|--|
| sue for | event I am not satisfied with therapy services provider this agreement or any other situations which require aint to the professional organizations and regulatory(initials). | e a lawsuit. I still reserve the right to issue a formal | |
| Set u | up and Connect | | |
| 1. | Download Zoom and ensure your video conference Note: other apps streaming on the same internet having others streaming or downloading during you | will affect connection quality. Please refrain from | |
| | □ Zoom : I choose Zoom. I agree to the <u>privacy ar</u> and <u>https://support.zoom.us/hc/en-us/articles/360</u> | | |
| | Compliance. To add an extra layer of security to | Zoom follow the instructions here | |
| | https://support.zoom.us/hc/en-us/articles/2013627 | 723-End-to-end-Encryption | |
| | DOWNLOAD ZOOM HERE: https://zoom.us/sign | up. | |
| IMPOF | RTANT: Record USER NAME & PASSWORD in a | safe place (not on this form). You need it to log in. | |
| 2. | I will email you a link to our meeting. Click the mewill be directed to Zoom. | eeting link at our scheduled session time and you | |
| 3. | 3. If the connectivity of our session is disrupted, I will immediately try to reconnect with you online. If the video call is repeatedly unsuccessful for up to 5 minutes, I will complete the session via phone by calling you at the number you provided on page 1. | | |
| It is your responsibility to review and educate yourself regarding the security and privacy settings on your device and as well as the platform you are using and risks involved. | | | |
| I have been informed of and understand the risks and procedures involved with using video conferencing technology. I agree to the terms listed above and voluntarily consent to the use of video conferencing therapy sessions with my counsellor. I agree that Adrie-Anne Gamble, MA, CCC, CPC should not be held liable in the event that any outside party breaches security and discovers personal or confidential information. | | | |
| Client | Name:D | ate of Birth: | |
| Client | Signature: Da | ate: | |
| Adrie- | Anne Gamble, MA, CCC, CPC | Date: | |
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