

Melissa Tolman
Psychotherapy Services

Consent to E-Counselling Services

I _____ am choosing to facilitate counselling sessions through
(First and Last Name)

Melissa Tolman Psychotherapy Services, via the Internet (Skype, Zoom, Face time), or via telephone.

I understand that:

- Internet programs are not 100% guaranteed to be secure and confidential. Your therapist will do everything to ensure e-documents are stored safely as per regulation, but cannot guarantee transmitting information through the web (email, text, etc) is secure. Please visit the online web pages (for the preferred method of e-counselling) containing security information.
- All sessions should be treated like an in-office session. No outside distractions: turn off other electronics or open web browsers. NO third parties will be in or near the session at any time without the therapist's knowledge.
- Technical problems may occur. If the call is disrupted, your therapist will call you back. If reconnection cannot occur, the session will be rescheduled at no additional fee.
- If I am in crisis or an emergency situation that needs immediate attention, where I may be considering harming myself or someone else, I will call 911, Contact the Toronto distress line: 416 408-4357, or go to the nearest hospital emergency room.

First Name, Last Name (Print): _____

Date of Birth: _____

Signature: _____

Date: _____

Therapist Name, Signature and Date:
