

Information and Consent for Teletherapy or On-Line Therapy

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I understand that live videoconferencing or teletherapy allows Dr. Deb Thompson and I to use the internet on various electronic devices to be able to see and hear each other and interact in real time to engage in psychotherapy.

I understand that I need to be an **Ontario resident** to receive on-line therapy services from Dr. Deb Thompson.

I understand there may be **advantages and benefits** to teletherapy:

- Privacy (no waiting room)
- No travel time
- Reduced barriers to access due to:
 - living in a remote community
 - mobility issues or recovering from illness/surgery
 - inability to take time off work
 - being away from home
 - not having time or means to travel to Dr. Thompson's office
 - weather or public health advisories against travel

I understand there are also **potential risks**:

- Interruption by others (please arrange to have privacy and not be disturbed)
- Technical difficulties (we will switch to the phone or discontinue and reschedule)

I understand that the laws that protect the **confidentiality** of my information are the same in teletherapy as with in person sessions, as covered in the *Informed Consent for Psychological Services* form I completed when registering for my first appointment.

I understand that Dr. Deb Thompson will only use the platform **Doxy.me**:

- complies with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA) and all equivalent personal health information protection legislation in Canada
- video consultations are encrypted, and the content of the video is never recorded or stored anywhere
- minimal personal information is required to use the system (only name), and this data is completely private between providers and their clients
- the technology is regularly audited by a third party to ensure privacy obligations are always being met
- for more information go to <https://doxy.me/en/blog/articles/doxy-me-canada/>

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- I also understand that Dr. Deb Thompson will continue to have the option to collect and process **payments** via PCI-compliant Stripe or PayPal, and schedule appointments using Acuity calendar.

I understand that when I am engaged in teletherapy, it is **my responsibility** to:

- choose a secure location to ensure that family, friends, employers, co-workers, strangers or hackers cannot overhear my communications or have access to the technology or devices I am using
- arrange a location with sufficient lighting and privacy that is free from distractions or intrusions
- use private and encrypted WIFI
- ensure my device has protections like firewalls, anti-virus software and password protection; I understand that Dr. Deb Thompson is using the same standards on her devices to protect my privacy and confidentiality.

I understand that I can **discontinue teletherapy** and revoke this authorization at any time without affecting my right to future treatment. I also understand that Dr. Deb Thompson may discontinue videoconferencing sessions if it becomes apparent that this method is not the most appropriate type of therapy for my needs. Dr. Deb Thompson and I will then discuss reasonable alternative options including in-person sessions or referral to another mental health provider.

I accept that **teletherapy does not provide emergency services**. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case, or becomes the case in the future, Dr. Deb Thompson will recommend more appropriate services.

I understand that this informed consent for **teletherapy** is only in addition to the *Informed Consent for Psychological Services* form and does not replace it in anyway.

By indicating Yes on Dr. Thompson's Acuity calendar, I confirm:

- That I have read or had this form read, and it has been explained to me.
- That I fully understand the contents of this form including the risks and benefits of teletherapy.
- That I have been given an opportunity to ask questions and that they have been answered to my satisfaction.

I hereby authorize Dr. Deb Thompson to use PHIPA and PIPEDA compliant and secure telepsychology technology (i.e., Doxy.me) for our therapy sessions.