E-THERAPY INFORMED CONSENT

Nan	ne: Date:	
	PLEASE CHECK ONE OF THE FOLLOWING BOXES:	
	I would like to be contacted for all my e-therapy session by telephone at the home number I provided on my New Client Intake Form.	
	I would like to be contacted for my e-therapy sessions by telephone at the mobile number I provided in my New Client Intake Form.	
	I would like my e-therapy sessions to be done by video conference. (Calgary Couples Counselling Centre Inc. uses secure video conferencing software by JaneApp).	
	LOCATION WHERE E-THERAPY SESSIONS WILL OCCUR	
To take part in e-therapy sessions you must provide us with the specific location from which you intend to conduct your webcam session(s) and the name and contact information of an emergency contact person. This information is necessary in the event of an emergency and for your safety. By signing this form, you are granting consent for us to notify your emergency contact, in the event of an emergency to your safety or well-being.		
on y	e address where you intend to conduct your webcam session(s) is the same as what is listed our Contact Information form, check the box below, and skip down to "Emergency Contact rmation". Otherwise, enter the different address below, then provide your emergency act.	
Add	ress where I will conduct my e-therapy sessions	
	Same as the home address already listed on my Contact Information form	
Or (i	if different):	
Stree	et	
City	/ Province	
Posta	al Code	

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Emergency Contact Information				
Name of Relative				
Relationship to Me				
Phone Number	Address (Street, City, Prov)			

BENEFITS AND RISKS OF E-THERAPY

Engaging in therapy by telephone or by webcam has a wide range of benefits, including more flexibility in scheduling, reduced travel time, access to counseling services from the privacy of your home or office or from remote areas or when mobility is limited.

E-therapy services, however, also have limitations inherent to this type of service delivery option and it is important that you, as a consumer of such services, are aware of the limitations. These include but are not limited to:

- 1. Potential for unstable or lost electronic connection via internet or phone lines, thereby causing disruption to the therapeutic process. Be assured that in the event that technical problems interfere with the e-therapy appointment, billing will reflect only minutes of quality online therapy with a good electronic connection.
- 2. Less ability to see important characteristics in communication such as detailed facial expressions or non-verbal gestures which are normally present in an in-person session.
- 3. Potential for the clinician to misunderstand important cultural nuances if you live in a different culture than the therapist.
- 4. Complications in obtaining support in the event of an emergency. Clinicians will make every effort to contact your local emergency services or emergency contact(s) provided by you in the e-therapy consent form. Since the therapist is trying to accomplish this at a distance it may be more complicated than it would be in a clinical office setting.
- 5. Potential limits in privacy in the end user environment. Calgary Couples Counselling Centre Inc. maintains the security and privacy of its software, phone connections, internet connections, and the physical office space it operates in, but it cannot guarantee the security and privacy of your software, phone connections, internet connections or the physical space you are in while receiving e-therapy services.

6. Certain situations may not lend themselves well to an e-therapy service delivery option. These types of cases include high suicide risk and domestic violence. Your therapist will inform you if he or she feels you would be better served by in-person counseling and will present alternative counselling options in such an eventuality, including local services.

REQUIREMENTS FOR E-THERAPY CLIENTS NOT PREVIOUSLY SEEN IN OUR OFFICE

If this is your first e-session with us by telephone or by webcam and you have not previously been seen face-to-face in our office, we require that you take the following steps prior to beginning your first therapy session. We require each person who will be participating in the online appointment to complete these steps.

- 1. Complete the Contact Information Form.
- 2. Complete the standard Informed Consent Form.
- 3. Complete the Intake Questionnaire.
- 4. Complete this document (E-Therapy Informed Consent)
- 5. Provide a valid credit card number (see below) to be used for payment.
- 6. Create a client profile at cai.janeapp.com (typically done for you or by you when you schedule your initial appointment).

We must receive your completed paperwork and valid credit card information by the start of the first e-therapy session. If these have not been submitted by that time, we will not be able to proceed with the scheduled session, resulting in an unexcused late cancellation.

Each of the above documents will be emailed to you after we have confirmed your initial appointment. They can also be found at https://calgarycouplescounselling.com/about-us/ You may also call our office to request a copy.

REQUIREMENTS FOR E-THERAPY CLIENTS PREVIOUSLY SEEN FACE-TO-FACE IN OUR OFFICE

If this is your first e-session with us by telephone or by webcam, but you have been seen in our office before, we only require the following:

- 1. Complete this document (E-Therapy Informed Consent)
- 2. Provide a valid credit card number (see below) to be used for payment.
- 3. Create a client profile at cai.janeapp.com.

In other words, you do not need to complete the Contact Information form, the standard Informed Consent form, or the Intake Questionnaire. If more than a year has passed since your last session with us, however, and your contact details have changed, we may request that you also complete an updated copy of the Contact Information form and the standard Informed Consent form.

YOUR PRIVACY

- 1. E-therapy sessions are not recorded by Calgary Couples Counselling Centre Inc. on any hard drives, servers, or on any other media storage device.
- 2. Calgary Couples Counselling Centre Inc. and its contracted representatives are bound by law to protect your privacy and confidentiality. If you believe anything in the process compromises your privacy please inform our administrative staff immediately.

CREDIT CARD INFORMATION

Credit Card Number	Expiry Date			
Name on Card (must be the person identified on page 1 of this document)	CVC			
Check this box if you are in therapy with your spouse or other person is supplying the credit card number for payn	· · · · · · · · · · · · · · · · · · ·			
ACCEPTANCE OF E-THERAPY INFORMED CONSENT				
I have reviewed this document and I have been informed of and accept all the conditions and stated limitations of e-therapy sessions. I also authorize the use of my credit card (entered above) for payment of each e-therapy session. I also understand that if I have not provided a valid credit card number for payment of e-therapy sessions, that I will not be able to proceed with my scheduled appointment(s), resulting in an unexcused late cancellation.				
Signature D	ate			
Printed Name				