

Online counselling is gaining in popularity and studies indicate that it can be just as effective as traditional therapy. It is important to be aware of the advantages and disadvantages of online therapy. Advantages include accessibility, convenience, and anonymity. Disadvantages include confidentiality and security, absence of a physical “safe space” for clients, lack of suitability for acute psychological issues, and technological difficulties. Your therapist will work with you to decide if online therapy is a fit for you.

### **Section A: Client’s Commitment**

Sessions must be cancelled 24 hours in advance. Sessions not cancelled or rescheduled within this time-frame will be charged the full session fee. One clinical hour is equal to 50 minutes. The remaining 10 minutes are spent writing client progress notes. Please ensure that you log-in on time. Your 50 minute session begins at the allocated time. Pre-payment is required and can be made via e-transfer or with a credit card.

## **SECTION B: The Nature of Online Counselling**

Online counselling may not be appropriate if you are experiencing suicidal or homicidal thoughts or an acute psychological episode.

As you begin to explore aspects of your life, there may be unpredictable results, which may lead to painful memories or uncomfortable emotions. Your therapist will work with you to provide you with tools to help manage these emotions. All psychological interventions will be explained to you. Please communicate with your therapist if you become dissatisfied with your treatment and she will work with you to discover what might be preventing progress, or she may modify the therapeutic goals, or she will work with you to find a therapist who may be a better fit.

## **SECTION C: Confidentiality**

All disclosures made in session are confidential and can not be shared with-out your written consent. Your therapist will need to break this confidentiality in the following cases:

1. If you are an imminent danger to yourself or others;
2. If there is a suspicion of abuse or neglect of a vulnerable person such as a child, elder or mentally challenged adult;

3. Court subpoena;
4. Defending herself in court.

Online sessions are conducted with the latest video encryption technology to ensure the security of your session. Video sessions are not recorded, but progress notes are kept in a locked filing cabinet, or in an encrypted manner on a password protected storage device.

#### **SECTION D: EMERGENCY PROCEDURES**

Because of the limitations of online counselling, your therapist cannot be held responsible for helping you to manage a crisis. If you experience an emotional crisis during the course of your online counselling, you must manage the crisis by using resources other than those offered by the Institute of Child Psychology. In the case of an emergency, you agree to contact an Emergency Hotline, 9-1-1, or go a hospital emergency room, or phone Edmonton's 24 hour distress line: 780-482-4357.

## SECTION E: PERSONAL INFORMATION

Please sign and scan this document. In signing, you indicate that you understand and agree to all of the above policies.

\_\_\_\_\_  
Clinician Name

\_\_\_\_\_  
Clinician Signature

EFT

Credit Card

\_\_\_\_\_  
Agreed Upon Hourly Rate

### **\*TREATMENT OF A MINOR**

This is authorization for \_\_\_\_\_ to provide therapeutic services to my child/adolescent: \_\_\_\_\_  
CLINICIAN NAME, TITLE

CHILD'S NAME: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*By signing this Consent for Treatment I am indicating that I understand and agree with the above conditions of treatment, and my therapist has answered any questions I have about items listed in this consent form or about the counselling process.*

*I am also certifying that I legally have custody or joint custody of my son or daughter and, thus can legally consent for the treatment of my child.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME