



Red Spruce

MENTAL HEALTH CENTRE

Informed Consent for Telecounselling Services

Purpose: For you to understand the nature, benefits, process, and risks of counselling provided in an online format via telecounselling. Telecounselling refers to counselling services offered virtually and remotely, through phone and video conferencing.

The platform we will be using for our telecounselling sessions will be through Owl. This platform uses industry standard privacy and security measures and does not save recordings of sessions remotely.

Telecounselling has many benefits, namely it is convenient and allows for a medium to offer services when in-person and face to face counselling is not possible, such as our current situation. There are some risks to telecounselling as well that are outlined below:

- The potential for misunderstanding during the counselling exchange are greater in a virtual format. We will not be able to read each other's body language and non-verbal cues as readily and will need to be open to discussing how the counselling relationship is holding up in this online format.
- Technology limitations may impact services (i.e., equipment breaks/poor connections)
- While all efforts are made to ensure privacy of information, data shared via the internet is never entirely secure. For this reason, it is important we use one of the platforms above and minimize the sharing of personal information over email or in the chat features of these platforms.
- To ensure your safety, I will need to gather additional information from you at the start of the session, including your physical location during our session and an emergency contact should we become disconnected and I am concerned for your safety.
- As a counselling intern, I will remain under supervision during our telecounselling work by my on-site supervisor (Erika Kirk) and my faculty supervisor. I will be consulting with both of my supervisors regularly on all of my cases and the uses of telecounselling services. Should I be concerned about your safety or the safety of a third party, I may need to invite one of my supervisors to join our call or videoconference to ensure you are provided with the highest quality of care.

Signing this document confirms you have read, understood, and had a chance to ask me any questions about the nature of the risks of participating in telecounselling. We will evaluate the appropriateness of this format of support on an ongoing basis and you have the right to end your participation in telecounselling with me at any time.

Client Signature

Date

Intern Signature

Date