



Informed Consent for eTherapy (TeleMental Health)

Niki Connor is a licensed practicing counsellor and is insured to offer one-to-one therapy, group therapy, eTherapy, and psycho-education workshops. These services are provided by a professional who is qualified to practice in Canada, and who subscribes to a strict code of ethics designed to protect the client.

Risks & Benefits of therapy may include the remembering of unpleasant events and/or may arouse strong emotional feelings. Counselling or coaching can impact relationships with significant others. The benefits may be an improved ability to relate with others; a clearer understanding of self, values and goals, increased productivity and an improved ability to deal with everyday life.

I am committed to protecting client privacy, and as such will take all reasonable steps to make sure that personal information is treated confidentially, is only used for the purposes as described below, and is secure. Niki Connor may collect, use, and share confidential information (in every instance with your specific knowledge) for these reasons:

- 1) Ongoing care and services which may require collaboration with other (named) professionals
- 2) As required by law (court order, reportable conditions)

Every client has the right to access their personal file through written request. A complete and unredacted copy of the client's file will be provided within 30 days of receipt of the written request, provided the file is not joint with another individual in which case permission of both parties is required. The original file will remain with Niki Connor Clinical Counselling Services.

If a client has a complaint regarding the services provided by their therapist and this complaint is not resolved to their satisfaction, the client has the right to make a written, formal complaint to the appropriate governing association for which contact information will be provided without delay to the client.

Appointments will be arranged at a regular time and a personal commitment to attend all sessions is expected in order for therapy to be effective. Short notice cancellation (less than 24 hours' notice) or a No Show for a scheduled appointment will be charged 50% of the regular session fee.

Extraordinary consent:

eTherapy includes the practice of mental healthcare delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio, video or other data communications. In addition, eTherapy involves the transmission of data electronically and although every precaution will be employed to protect the client's information, Niki Connor cannot guarantee confidentiality.

Platforms available include telephone, Videoconference (Zoom; encrypted commercial platform), and (limited) email



Professional ethics & legal liability require that I be able to contact you in the event I believe that you are a danger to yourself, or to others or that I be able to contact someone on your behalf should you not respond to my attempts to contact you.

Actual physical address where you reside:

Emergency services number where you reside (whomever in your community is called in an emergency):

Police:

Ambulance:

Fire & Rescue:

Emergency Contact: someone you're willing for me to notify in the event you don't respond to my attempts to contact you urgently:

Name:

Contact mobile:

Phone:

I have read and understand the benefits and limitations of therapy and of choosing to access therapy via a digital medium.

Name: _____

Date: _____

Therapist: _____

Date: _____

You will be provided with a copy of this consent once signed by both parties.