

CONSENT TO PARTICIPATE IN TELEPSYCHOLOGY

Telepsychology refers to remote provision of psychological services using telecommunication, such as secure internet services or telephone. Telepsychology has the same purpose or intention as in-person psychological services.

Please read this information carefully and let me know if you have any questions. By signing this document, you will be agreeing to participate in phone or secure internet psychotherapy sessions.

CLIENT REQUIREMENTS

- You, the client, need to be located in British Columbia.
- Telepsychology requires you have access to a phone and/or computer with internet and webcam.
- You are responsible for arranging or submitting payment for your Telepsychology services.

BENEFITS AND RISKS OF TELEPSYCHOLOGY

Possible Benefits:

- Therapy can be continued if you or your psychologist moves within BC, takes an extended vacation within BC, or is unable to meet in person for any reason.
- May be more convenient and require less travel time.
- Most research supports telepsychology as equally as effective as in-person psychotherapy.

Possible Risks:

- If you are not in a private place during the session others may overhear.
- Technology may stop working during a session.
- Due to the nature of technologies, other people may be able to access our private conversation.
- I may have less ability to fully understand non-verbal information and there may be increased chance of miscommunication on both our parts, when working remotely.
- Despite potential benefits to Telepsychology, unfortunately, as with in-person treatment, there is no guarantee of success.

Ways to reduce risk:

- Make sure you're in an area where other people are not present and cannot overhear.
- We will have a plan in case technology stops working or there is an emergency.
- I have a responsibility to make my best efforts to protect all of our communications. All written, audio and video communications are encrypted, but due to the nature of electronic communications technologies there remains a risk that our electronic communications may be compromised, unsecured, or accessed by others.
- Please use a secure internet connection for telepsychology sessions and not public or free Wi-Fi.
- Please mention if you feel if I have mistaken your meaning or you are experiencing technical difficulties.

YOUR RIGHTS AND USE OF TECHNOLOGY

- You have the right to withdraw your consent at any time.
- You will be responsible for providing the technology you use to access our sessions.
- Laws and professional standards that apply to regular psychological services apply to Telepsychology services, including confidentiality and its exceptions as outlined in the **CONSENT TO PARTICIPATE IN ASSESSMENT AND/OR TREATMENT** we previously reviewed. Please ask if you have any questions.
- If there is a more appropriate method of intervention available. I will not usually engage in telepsychology with clients who are actively at risk of harm to self or others. This will be frequently reassessed.
- If at any time I decide telepsychology is no longer the most appropriate form of treatment for you, we will discuss options of engaging in in-person sessions or a referral to other appropriate services.
- Before engaging in telepsychology, we will develop and review an **emergency response plan** to address potential crisis situations that may arise during the course of our telepsychology work.
- If possible, from time to time, we may schedule in-person sessions to “check-in” with one another.

TECHNOLOGY ISSUES AND EMERGENCY PLAN

- If a session is interrupted, disconnect and I will wait two (2) minutes and then attempt to re-contact you via the telepsychology platform. If you do not receive a call back within two (2) minutes, call me on the phone number I provided you (778-241-8572).
- If we are unable to resume the connection due to a technological failure, you will only be charged the prorated amount of actual session time.
- Evaluating threats and other emergencies may be more difficult when conducting telepsychology than in in-person therapy. We will create an emergency plan before engaging in telepsychology services.
 - I will ask you to identify your **location** and an **emergency contact person** near you.
 - I will contact your emergency contact, 911, or your GP if I feel there is a crisis or emergency.
 - If your session is interrupted during an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me after calling or obtaining emergency services.
 - At any time when you are in crisis, you may contact one of the provincial **crisis lines**:
 - 1800SUICIDE: 1-800-784-2433 if you are considering suicide or are concerned about someone who is
 - Mental Health Support Line: 310-6789 604 851 8855
 - Fraser Health Crisis Line: 604-951-8855 or 1-877-820-7444 (toll free)
 - Vancouver Coastal Distress Line: 604-872-3311 / 1-866-661-3311
 - <https://crisiscentre.bc.ca> or CRISIS CHAT: www.youthinbc.com www.crisiscentrechat.ca

FEES

- Fee rates for telepsychology are the same as for in-person psychotherapy.
- Please check with your extended health insurance to determine if Telepsychology sessions are covered. If they are not, you will be solely responsible for the entire session fee.

RECORDS

- Telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent.
- I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

ACKNOWLEDGEMENT AND CONSENT

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

Your signature below indicates agreement with the terms and conditions outlined in this document, including your consent to participate in any Telepsychology assessment and/or treatment with Dr. Sandra Young for Dr. Sandra Young, Psychological Services.

I, _____, acknowledge I have had the opportunity to carefully read this document, to ask and have answered any questions or concerns arising from it, that I understand the information contained in this document, that it records my consent, and that I have been provided a copy of it.

Signed: _____ Date: _____
Client

Signed: _____
Dr. Sandra Young, RPsych #2296

Personal information collected by private organizations in BC is regulated by the Personal Information Protection Act (PIPA; http://www.bclaws.ca/civix/document/id/complete/statreg/03063_01). Psychologists are regulated in accordance with the College of Psychologists of BC ethical guidelines (http://www.collegeofpsychologists.bc.ca/docs/10_CPBCCodeofConduct.pdf). If you have any questions about the collection, use, or disposal of this information, please contact Dr. Sandra Young, RPsych, 390-8029 199th Street, Langley, BC V2Y 0E2; P 778-241-8572; F 778-778-618-2060; drsandryoung@hushmail.com.