UNIVERSITY OF WATERLOO

CENTRE FOR MENTAL HEALTH RESEARCH & TREATMENT (CMHRT)

**ADDENDUM TO CMHRT CONSENT TO TREATMENT**

# CONSENT FOR TELEPSYCHOLOGY TREATMENT SERVICES: COVID-19 Version

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone.

At this time of the COVID-19 pandemic, we are unable to provide face-to-face psychological services at the CMHRT. Telepsychology is a helpful and effective alternative; however, there are some differences between in-person psychotherapy and telepsychology to be considered.

**Privacy and Security:**

* We have taken careful steps to ensure your privacy and confidentiality to the best of our ability. We have selected a secure platform (Microsoft Teams) and have followed recommended procedures by the privacy officers at the University of Waterloo which are consistent with Ontario privacy legislation and guidelines.
* Sessions are recorded for training purposes and are stored securely within the University of Waterloo secure network server, with access limited to the clinician and supervisor.
* We will each need to take additional steps to ensure that we are communicating in a quiet, private setting without distractions by others. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
* I will need to know the address from which you are currently participating in each session. You must be located within the province of Ontario.

**Challenges with Technology:**

* In preparation for our session, I ask you to please turn off additional apps or devices that may cause interruption or delays to the internet connection.
* We will discuss a plan for how to manage if our technology stops working in the midst of a session.
* At the CMHRT, we are taking all reasonable steps to prevent someone from accessing our private online communications and would contact you in the unusual likelihood of a breach of confidentiality.

**Emergency Planning:**

* Our previously stated limits to confidentiality remain in place. I will only break confidentiality in the event of concern about imminent danger to self or others; risk of harm to a child; notice of sexual abuse by a regulated health professional; abuse of a resident in a long-term care facility; requests for CMHRT health records as ordered by law or if required in compliance with the Missing Persons Act (2018), or if reviewed for quality assurance by the College of Psychologists of Ontario.
* I need to have contact information to reach someone who could check in on you in person, in case of emergency.

**I affirm that I have reviewed this information, had an opportunity to ask questions, and I understand and agree to these additional considerations for the use of telepsychology at the CMHRT.**

Name of Client Date of Verbal Consent

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Clinician Name (as witness)