

Defining Solutions Inc.

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Telepsychology Informed Consent Form

The information provided in this informed consent form is supplemental to the standard informed consent form found here: <http://www.definingsolutions.ca/new-client/new-client-forms/>. There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s). We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. We also need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation. This contact information can be written at the end of the document and can be discussed further at your first tele-appointment.

Please read and check off the boxes below.

- I agree to use the video-conferencing platform selected for our virtual sessions, and that the psychologist will explain how to use it.
- I will use a webcam or smartphone during the session.
- I will be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- I will use a secure internet connection rather than public/free Wi-Fi to ensure privacy and security online.
- It is important to be on time. If I need to cancel or change my tele-appointment, I will notify the psychologist in advance by phone or email.
- If I am not an adult, I will obtain the permission of my parent or legal guardian (and their contact information) in order to participate in telepsychology sessions.
- I will confirm with my insurance company (if applicable) that the video sessions are covered. I am responsible for full payment of sessions if my insurance company does not cover these sessions.
- The psychologist may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

By signing this form, you are indicating that you have read through, understood and agreed to the above information.

Signed

Date

Phone Number

Emergency Contact

Relationship to you

Phone Number