

Consent to Participate in Therapy Services via Secure Messaging Platform

By signing this agreement, you, _____, authorize your clinician (The Clinician) to utilize a secure messaging platform (Signal) in order to conduct therapy sessions via written message. These sessions may be completed on their own or in addition to video sessions, and may be scheduled as blocks of time or completed on an as-needed basis.

By signing this document, you agree that you are aware that use of this secure messaging platform has potential benefits, including easier access to care, continuity of care, and the ability to engage in counselling without finding a quiet place on your own.

You also understand that there are potential risks to this technology, including unauthorized access, technical difficulties, and security issues that cannot be predicted or controlled. While there may be technical difficulties and security issues beyond my control, I have done my best to find a platform that is safe and secure, and adheres to all relevant privacy and protection acts.

By signing this document, you agree that you understand that additional costs from your internet provider may be incurred as a result of your use of this application, and that The Clinician and Roots in Wellness are not responsible for these charges. While at this time, Signal is a free application for all, you understand that any charges incurred from in-app purchases or changes to the application will not be the responsibility of The Clinician or Roots in Wellness.

PROFESSIONAL RECORDS

In accordance with the College of Registered Psychotherapists of Ontario (CRPO), I am required to keep all client records for a period of ten years. All records are kept electronically using safe and secure systems approved by the CRPO.

Some secure messaging platforms, including Signal, provide each person the option to delete messages once they have been sent. By signing this consent form, you agree to refrain from deleting any messages so that I may keep accurate records of our sessions. If you wish to delete messages after I have recorded them properly, please discuss with me first.

Signal also requires me to save your contact information in my phone in order to message you. I use a dedicated cell phone for therapy purposes so you will not be saved as a personal contact, and I will be saving your name as your initials, or the code that I use in your file (your initials plus numbers). This phone is password protected and I will only add your information once you've signed this form. I will remove your contact upon completion of therapy.

As a client, you have a right to access your records at any time upon request, with some exceptions. Should I feel that you having access to your records could potentially cause you or others harm, I reserve the right to withhold your records.

CONFIDENTIALITY

As outlined in the Privacy Policy, everything that we discuss in therapy is strictly confidential, including all written or typed notes or records and any personal information.

It is important to note that while Signal uses end-to-end encryption, I cannot guarantee that all information will be secure at all times. There are instances in which there are security breaches, and it is important that you are aware that this is a possibility. I will always do my best to protect your information where I can.

COMMUNICATION

It is important to understand that messaging applications have some downsides compared to in person, video, and phone sessions. Not being able to see the other person's body language or hear the tone of their voice can lead to miscommunication and misunderstanding.

When engaging in therapy via secure messaging, it's important to communicate clearly and effectively, and you may have to give more information than you would normally in order to convey your tone or emotions. It is also important to ask for clarification if you are unsure about what was meant by something your therapist has said, or if you are unsure of the tone. We will do our best to communicate effectively and ask questions when necessary.

HOURS & CONTACT

While Signal allows you to send messages at any time, it is important to note that I will not be available at all times to respond. I will still have general working hours, but it will be unpredictable when I will be able to respond to messages.

As always, my hours will be Monday to Thursday from 9am-5pm, so you can expect responses between these hours. I will do my best to check my messages every day, however there are days that are particularly busy where this may not be possible. In general, you can expect a response within two business days of sending a message.

You may also opt to schedule a block of time for messaging, similar to a video session, in which case my responses will be immediate.

EMERGENCY SITUATIONS

Please note that the use of this method of therapy is not appropriate for emergency situations, as I am not continually checking for messages. If there is an emergency or you are in crisis, call 9-1-1 immediately, or visit your local emergency room.

FEES

Fees for this type of service work differently than fees for other types of service, as there may not be predetermined times where we will be engaging in this type of communication. In the event that you schedule a block of time to engage in secure message based therapy, then you will be billed for that block of time.

However, if you are utilizing this service on an as-needed basis, billing will be completed in intervals of 15-minutes. These sessions will be billed at the same rate as other session types (\$140/hour plus HST). I will keep track of the amount of time that it takes me to read, and then respond, to each message, and send you a summary of the time used for each day.

Once you reach a 15-minute block, you will be billed for it, unless otherwise agreed-upon (for example, we may agree to only bill once you reach 30 or 60 minutes, depending on the volume).

You may cancel this agreement at any time, either verbally or in writing, to The Clinician directly.

Your signature below indicates that you have read and understand this document,, and that you agree to its terms.

Written Legal Name of Client

Signature

Date