

## INTRODUCTION:

During your treatment, you may be provided with service via Telehealth. The information below is a consent form to enable us to provide services to you in this way. Please read the information and confirm your consent to receive Telehealth services.

**CONSENT FOR TELEHEALTH** ⇒ Where appropriate the services you receive may be provided by telephone or videoconferencing. You are responsible for the costs associated with setting up the technology needed so you can access telehealth services. Our practice will be responsible for the cost of the call to you and the cost associated with the platform used to conduct telehealth services.

To access telehealth consultations you will need access to a quiet, private space; and the appropriate device, i.e. smartphone, laptop, iPad, computer, with a camera, microphone and speakers; and a reliable internet connection. The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information this practice uses Zoom which is compliant with the Canadian standards for online security and encryption.

**LIMITATIONS** ⇒ A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the session provided. In addition, there may be some services for which telehealth is not appropriate or effective. Your practitioner will consider and discuss with you the appropriateness of ongoing telehealth sessions.

## INFORMED CONSENT

I \_\_\_\_\_ (full name of client/legal guardian)  
confirm that I have read the above information and provide consent to services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initials \_\_\_\_\_ 1