

I, _____ (please print name) have read the “Information Sheet for Counselling Via Video-Conferencing or Phone” form provided. Specifically:

- I read and had the opportunity to ask questions related to the “Information Sheet About Counselling via Videoconferencing or Phone.”
- I understand the nature and process related to counselling via Videoconference and/or phone.
- I have read and understand the risks and benefits of accessing counselling via Videoconference and/or phone.
- I understand my counsellor cannot guarantee privacy when conducting counselling via Videoconference or phone and has taken steps to increase privacy by using an encrypted software.
- I understand the limits to confidentiality including that if I disclose information indicating that myself or someone else is at risk of imminent, serious harm my counsellor is required to take action to work towards safety.

I give consent to participate in counselling via Videoconference and/or Phone and agree to engage in therapy under the conditions indicated in the Information Sheet for Counselling via Videoconference or Telephone. I am over the age of 18 or have been designated a mature minor.

Client Signature.

Date:

For Counsellor's use:

- I, the Counsellor, have discussed the issues and consideration within this form with my client.
- My observations of this client's behavior and responses indicate that he/she understands the conditions in this document and is competent to give informed and willing consent at this time.

Counsellor Signature

Date