

## **Informed Consent and Authorization**

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Ian Robertson is here to help you to evaluate your situation, and to develop an appropriate course of action to help you to resolve your difficulties. Please read each below category in the ***Informed Consent and Authorization*** form and initial each section confirming that you have read, understood and had all your questions answered regarding each section below.

Ian Robertson is licensed by the Ontario College of Social Workers and Social Service Workers.

Your personal information and data are treated with utmost confidentiality as required by the

- 1) Personal Health Information Protection Act, 2004 (“PHIPA”).
- 2) Your written consent is required in order for any information to be disclosed to a third party (i.e. physician, past clinician, etc.). Any information to be disclosed would be discussed with you and agreed upon by both you and your clinician. You may review the contents of your own counselling file on request.

**Initial** \_\_\_\_\_

2) Note that, in cases where your safety or life or the safety or life of others are at risk, the clinician is required by law to notify others. Depending on the circumstances this may include parents, physician, youth protection agency, police, etc.. If you are attending counselling as a couple, any information from the sessions that you both attend can be requested by either party. Furthermore, if your clinician’s records are subpoenaed by a court of law, they are obligated to provide them. If you are under 18 years of age further exceptions to confidentiality apply that will be discussed with you by your clinician.

**Initial** \_\_\_\_\_

3) In office appointments are scheduled at mutually convenient times for both you and your clinician. If you are unable to attend, it is your responsibility to inform the clinician at least 48 hours in advance. Missed appointments without at least 48 hours’ notice will be charged to the client the rate of their session. Should you request and be scheduled for a series of multiple appointment dates over a period of time, and do not follow the agreed upon cancellation policy, your series of appointment will be cancelled, and you will be required to rebook. Our fees for individual sessions are \$200 per 55 minutes, for couples \$250 and TLC (Together we Lower the Crisis) \$750. Fees are subject to annual increases. Payment is to be made at the end of each session and can be ***made by cash or cheque only***. ***We do not accept credit cards, debit or e-transfers for scheduled in person sessions***. Receipts for payment will be issued at the end of each session.

**Initial** \_\_\_\_\_

4) Any additional services provided by Ian Robertson such as letters of attendance and progress letters etc. are not included in the cost of the counselling sessions and must be paid for separately by the client.

**Initial** \_\_\_\_\_

5) Receipts can only be provided in the name of the client receiving counselling services. **We cannot provide receipts in the name of individuals not receiving direct counselling services from our agency as this is against the law.**

Initial \_\_\_\_\_

#### 6) Court Fees

In the event that you or your lawyer subpoena me as a witness in your court case, you agree to pay me hourly for the entire time that my presence is required, including any wait time and preparation time. My hourly rate is \$200.

Initial \_\_\_\_\_

#### 7) COMMUNICATION and SOCIAL MEDIA

There are several ways we can communicate. It is of utmost importance to you and your counselling that I ensure that your confidentiality is maintained, that I respect your boundaries, and ensure that our relationship remains therapeutic and professional. Therefore, I have developed the following policies:

***Cell phones & Texts:*** Please note that I do NOT use text messaging as a means to communicate with clients regarding your therapy. Should there be any reason to discuss and parts of your therapy, this is to occur within the therapy session. Please do not attempt to communicate with me via text messaging, except in the event that you need to change, reschedule or initiate an appointment. **Text messages regarding appointments will only be read and responded to during business hours between 10am-5pm.**

Initial \_\_\_\_\_

***Email:*** Emailing is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey appointment information. **Only email me regarding appointment times, rescheduling, or cancellations. Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. Emailing for appointments or changes will only be responded to during business hours between 10am - 5pm.**

Initial \_\_\_\_\_

***Social Media Policy:*** I cannot accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, etc. because it may compromise your confidentiality. I also ask that **you also agree not to write any positive or negative reviews regarding our agency, services provided, or therapists on any/all forms social media or any other platforms on the world-wide web.**

Initial \_\_\_\_\_

**Recording of therapy session:** The audio or video recording of a therapy session, or any part of a therapy session is absolutely prohibited without permission and the written consent of both Ian Robertson and you as the client.

**Initial** \_\_\_\_\_

8) Ian Robertson SPWC is **NOT a crisis service**. Please do not call our agency for any crisis related issues where you believe that there are any safety or risk related issues such as self-harm, suicide, or harm to others. In the event that you require crisis services or response, please go to the emergency department of your local community hospital immediately should you have any concerns for the safety of yourself, family member or a friend.

**Initial** \_\_\_\_\_

9) Online therapy sessions are conducted using Doxy.me. Doxy.me is a virtual online host. Doxy.me is an encrypted virtual therapy online platform that meets PHIPA and HIPAA privacy standards. Understanding that this is a technology-based service, there still remain risks including risks to privacy as these technology-based modalities are not guaranteed to be secure. Cellphone, Virtual, Text, and email are not secured for privacy and it is possible that your information can be hacked. There have been instances in other industries where highly secured virtual venues and online systems have been intruded. By signing this consent form you agree to accept the risk of the use of technology-based modalities.

**Initial** \_\_\_\_\_

Your sessions are held on a secured web-based source. Prior to the session being initiated, you must complete the consent form and forward it to Ianrobertsonswpc@protonmail.com (a secured and encrypted email host). Once the consent form is received, a link to your Doxy.me virtual session will be sent to you. When the session is to begin, go to your link and click the sign in. Ensure to unmute your mic and that your computer camera is turned on.

**Online therapy is NOT a crisis service** for clients who intend to harm themselves or others, have homicidal thoughts, or major psychiatric episodes. Should you have any of these symptoms, contact your primary care medicine provider, hospital, or a crisis service. If you are at risk of suicide, contact immediately 911 or go to your local hospital.

**In Summary, online and technology-based therapy approaches are NOT an appropriate therapeutic approach for individuals experiencing:**

1. suicidal or self-harming thoughts – If so please contact local crisis services;
2. severe mental health such as psychosis symptoms – If so please contact local crisis services;
3. thoughts of violence towards others – If so please contact your local crisis services;
4. children who developmentally are not able to effectively language well might find virtual approaches less effective and should be seen in-person;

5. technology challenges where your internet or technology is not operating or outdate and implicating operating performance. Also, this might include the lack of headsets for privacy for computers, therefore implicating privacy. If so you should be seen in person.
6. where the home environment does not allow for adequate privacy do to other individuals in living in close proximity, shared environment, lack of sound proofing within rooms or other environmental louder noises. If so you should be seen in person.
7. If you are concerned about privacy and security, cell phone, unsecure email, texting, FaceTime are all unsecured and therefore cannot assure you of your privacy or security of information shared. If so you should be seen in person.

***I, (undersigned) \_\_\_\_\_, hereby agree to and accept the conditions and procedures set out in this Consent which is a legal and binding contractual agreement in the Province of Ontario.***

\_\_\_\_\_  
Name (please print your name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician