

Moving Forward Family Services Society ONLINE THERAPY CONSENT FORM

Definition of Services: Online therapy is some form of psychotherapy service provided via internet technology, which can include consultation, treatment, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that online therapy involves the communication of sensitive personal information, both orally and/or visually. Online therapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that online therapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand and agree to the following terms of service:

- Moving Forward Family Services (MFFS) is a non-profit collaborative (minimal hierarchy, low expenses, dependent on support from community) created to address the emotional well-being of Clients in an innovative manner. We are NOT FUNDED by direct government service ministries (like Fraser Health, Ministry for Children and Families) to provide our counselling services. Any fees collected go right back into service delivery expenses
- That other counselling options have been explored and were not available (wait lists, affordability, etc.)
- That service is provided by trained Clinical Counsellors or supervised counselling Interns from a post-secondary institution on practicum
- That MFFS counsellors are students and thus have limited prior counselling experience, and that if I am looking for more experienced counsellors, I need to look elsewhere
- Clients wishing low fee services may need to provide proof of low income. Minimum fees apply for services with clinical counsellors (information can be found on our website at mffs.ca)
- **That agency Privacy and Confidentiality Policies have been clearly explained to me**
- That I have been directed to view the “For Clients” tab on our website, which describes in detail benefits/risks of counselling, privacy and confidentiality policies (which includes the limits to confidentiality), policies on record keeping and other important information
- That I will attend appointments on time and will make every effort, to advise the counsellor, at least 24 hours in advance, if I cannot make the appointment. Missed appointments may incur late fees
- That I have the right to terminate service at any time
- That counselling is provided during the scheduled session, not outside of sessions
- Moving Forward Family Services is not equipped for crisis or emergency situations, and that I will contact Crisis Lines and/or 911 in such instances
- That phone lines are internet-based, and are shut off on weekends, evenings and days the counsellor is not on practicum – meaning any messages sent will only be received once intern is scheduled for their practicum day
- That communication via text, phone or email if available is solely for scheduling/rescheduling appointments, not for counselling or crisis, and that any messages left may not be responded to until the counsellor is next in the office (and this may be several days)
- I understand that there are risks and consequences of participating in online therapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of the counsellor, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. MFFS uses an online platform that meets standards set out by BC’s Personal Information Protection Act.
- I understand that online therapy-based services and care may not be as complete as face-to-face services. I also understand that if my counsellor believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be advised of this, or recommended to switch to this form of therapy with my current counsellor if reasonably possible.
- I understand that there is a risk of being overheard by anyone near me if I am not in a private
- I understand that I may benefit from online therapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my counsellor, my condition may not improve.

Our Privacy and Confidentiality Policies: As part of our work together, we will collect personal information about you for the purposes of providing consultation, counselling or referral services. This information may include current concerns, relevant history and family information. Such information will be kept safely stored in a secured location. Relevant information may be shared between counsellors and counselling supervisors for the purpose of professional consultation and with administrative staff as related to managing files. While your information is confidential, there are legal exceptions to confidentiality. While rare, these situations include: where such information is required to assess the possibility of/to prevent a life-threatening situation, whether it pertains to a client or a third party; when there is concern that a client may not have the capacity to identify when a situation is harmful; when there is evidence or suspicion that a child is, or may be, in need of protection; for the purpose of a legal proceeding, court order, or other legal requirement. Clients may be given supervised access to their file if requested. The client has the right to receive explanation of any information in the file, and to include documentation regarding any information they may feel is inaccurate. Any questions or concerns regarding Counselling and Support Services’ Privacy and Confidentiality practices may be directed to Clinic Supervisor Gary Thandi, MSW RSW at counsellor@movingforwardfamilyservices.com or at 778-321-3054.

Client Name: _____ Client Signature: _____

Counsellor Name: _____ Counsellor Signature: _____ Date Informed Consent Signed: _____