



## Consent for Online Therapy with the Franciscan Institute COVIDCARE Team

1. I \_\_\_\_\_  
(Client's name or Parent's/Guardian's name if client is a minor)  
consent to engage in online therapy services for myself/my child with **the Franciscan Institute COVIDCare Team (FICCT)**.  
I understand that online therapy involves intervention and education using telephone, video, audio and e-mail. All information concerning clients will be communicated electronically.
2. I have the right to withhold or withdraw consent to therapy at any time without affecting my right to future care or intervention.
3. Information about clients is confidential. There are exceptions to this rule and my therapist will explain these to me in detail.
4. Technical failures may occur. I understand that if the online therapy session does get disconnected, the therapist will call me back by phone to complete our session.
5. I accept that FICCT does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 999; or proceed to the nearest hospital emergency room for help; or call my primary care physician or psychiatrist. If I am having suicidal thoughts or making plans to harm myself, I can call the Emergency Medical Services at 811.
6. I understand that I am responsible for providing the necessary equipment and Internet access for my online therapy sessions.
7. I am responsible for arranging a location with sufficient lighting and privacy for my online therapy session. If the location is not private, I understand that the therapist may decide to stop the session. Neither the therapist nor the FICCT can be held responsible for any breach of confidentiality as a result of lack of privacy at my location.
8. I am responsible for ensuring that the location for my therapy session is safe. I understand that the therapist may decide to stop the session if my location is not safe. Neither the therapist nor the FICCT can be held responsible for a session being stopped because of concerns about the safety of my location.
9. I agree to attend online sessions appropriately dressed, that is, in the same type of clothing which I would wear to attend sessions in person. I also agree to observe the same rules of behaviour which apply for sessions in person.
10. Sessions may not be recorded under any circumstances, either with video or with audio. Screenshots or photos of the therapist or her surroundings during sessions may not be taken under any circumstances.
11. I understand that the therapist will send me the required information to set up the session.
12. I understand that my session may be stopped if I am in violation of any of the terms of this agreement. Neither the therapist nor the FICCT can be held responsible if my session is stopped because of violation of this agreement on my part.

**Once you have read this information and you agree to it, please text the message below to the COVIDCare number. Do not send back the entire agreement.**

*Your session can only be booked after you have sent the message below.*

**MESSAGE TO BE SENT BACK:**

I understand and agree to the conditions for online and telephone therapy with the FICCT.