**CONSENT FOR ELECTRONIC COMMUNICATION**

Due to the dramatic changes that have touched our lives and require us to expand the way we provide therapeutic services, the following will amend our Informed Consent agreement to include communication via telephone (cell or land line), email, video conferencing and other related electronic media.

If you email or text your counsellor, please be aware that any method you choose may not be a confidential means of communication. In addition to privacy concerns, email and text can lead to misunderstandings and confusion as it is a more nuanced communication. Your counsellor is not able to provide crises counselling. If you are in crisis, please contact The Distress Centre (416-408-4357), Mental Health Crises Line (1-888-893-8333) or go to the nearest hospital emergency department.

If you choose to contact your counsellor electronically, consent for your counsellor to contact you electronically and/or if you consent to have counselling sessions electronically, please be aware of the following:

* Psychotherapy Grey Bruce will use a variety of secure platforms (Zoom, Web Ex, Skype etc.) depending on client comfortability. These platforms state that they are PHIPA (Personal Health Information Protection Act 2004) compliant relating to privacy and confidentiality. This, however, cannot be guaranteed. It is always possible for electronic media to be breached or hacked which are out of the control of Psychotherapy Grey Bruce and its counsellors.
* Cell phones, text and email cannot be guaranteed to be secure or confidential despite compliance to PHIPA protocols.
* You can revoke consent at any time by sending me an email and receiving my confirmation of it.
* As a client, you agree to represent your true identity, provide a private location for your session, ensure that your wifi is secure (not public), not record, copy or forward our communications.

A signature below will constitute your understanding and agreement to the terms of this contract.

**Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**