

## **ONLINE AND/OR TELEPHONE COUNSELLING INFORMED CONSENT**

**This agreement is intended to add to the already existing Counselling Agreement in place between Dr. Jennifer Hammersmark (Therapist) and the Client as supplemental services.**

### **Electronic Communication Policy (ECP)**

The ECP is intended to outline the ways in which the Therapist will communicate electronically and ensure informed consent.

It is the intention of the Therapist that the Client is intellectually, emotionally and physically capable of using the technology in question. It is the Client's responsibility to determine for themselves that the Therapist is the best choice for them given the availability of other services, if any, for the client in the client's area and which the client is capable of accessing.

In the event of a technology failure, alternate means of contacting the Therapist include:  
24 hours answering service: (604)244-6969 or email [info@counsellinggroup.co](mailto:info@counsellinggroup.co)

### **Email**

Please be advised that the Therapist does not use email communication as part of usual practice. If email has been previously agreed upon in exceptional circumstances, such as to arrange remote counselling sessions or for payment purposes, email may NOT be used for emergencies, or to communicate information of a counselling nature. Email is not a secure form of communication unless encrypted and password protected, thus any confidential information (including the identity of the Client) should not be communicated in this manner.

### **Social Media Policy (SMP)**

The SMP is intended to outline the Therapist's approach to social networking and other tools that may be unrelated to the actual counselling experience, such as blogs, Twitter and the like.

The Therapist does have a Blog, LinkedIn, a public company Facebook page, and a Twitter account, and uses all of these social networking forums for communicating mental health issues and issues of interest. The Therapist will not "friend" or accept "friend" invitations from past or present clients so as not to unintentionally enter into a dual relationship. "Following" a client or former client on Twitter or other platforms inevitably creates a dual relationship. That dual relationship may well breach the Code of Ethical Conduct. The Therapist will not follow their clients or former clients.

It is recommended that past or present clients of the Therapist refrain from submitting comments to the Therapist's blog or any other public domain due to the risk of breaching confidentiality. The Therapist will similarly refrain from reading the blogs of clients, as well as "following" or subscribing to any of their social media ventures.

### **Telephone Counselling**

The law around the location of electronic or telephone counselling has not yet solidified. The jurisdiction in which the Therapist is located, or where the Client is located, may affect the counselling arrangement.

Clients should also be advised to carefully consider the confidentiality implications of using a home phone landline (for example, others can listen on extensions, or answer the phone) or a cell phone (for example, if the cell phone is lost or misplaced, or left in an insecure location, others may become aware that the Client is engaged in counselling).

### **Payment Options**

For services conducted not in-person, the Client may:

1. Pay online via e-transfer to [payments@doctorjen.co](mailto:payments@doctorjen.co)
2. Mail a payment to: #209 - 1548 Johnston Road, White Rock, B.C. V4A 5E2
3. Submit a Visa payment if pre-arranged with the Therapist

## **CLIENT DISCLOSURE**

I, \_\_\_\_\_, understand that the best therapy generally is done in-person, and that other forms of counselling are generally used in situations in which in-person therapy is not available. I further understand that by using other forms of counselling, I am agreeing to accept the limitations of these modes of counselling.

I also understand that there may be risks in communicating in this manner that do not exist in in-person therapy, and that my Therapist will use a password-protected computer and password-protected computer applications to reduce the risks of engaging in this type of therapy with me, but that the Therapist cannot guarantee that these actions will negate these risks.

I agree that the Therapist should not be held responsible if any outside party gains access to my personal or confidential information by bypassing security measures.

If I become suicidal while engaging in this mode of therapy, I agree to communicate this to my Therapist and to take the means my Therapist and I discuss to ensure my safety, with the understanding that my Therapist will not be able to contribute to my safety as well as they might be able to if we were in the same location. I am also aware that immediacy may not be available, and to proceed to the nearest hospital emergency room if I am in danger.

I agree not to videotape, audiotape, or otherwise record or reproduce the content of these online or telephone sessions (including in written form), in the same way that recording or reproduction of in-person sessions would not be permitted.

I further agree to treat our online or telephone sessions as seriously as I would an in-person session. This includes being online at least five minutes prior to the session, alone, in a quiet room with the door closed. This also includes communicating clearly with my Therapist, knowing that certain subtle non-verbal communication cues may be lost while using telephone or online modes of communication.

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Client Signature

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Date

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Therapist Signature

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Date