



## Confidentiality:

I am aware that

telephone messages and most email correspondence are not secure and can be intercepted

my counsellor advises clients that counselling may be rendered ineffective if they reveal the content of their sessions to family or friends, especially within 24 hours of the session

my counsellor will not be able to maintain confidentiality when she is obligated by law to do otherwise, or when she believes that someone is in danger of bodily harm

## Remote sessions via internet or telephone

I understand and agree that

Potential risks include interruptions caused by technological problems and a possibility of unauthorized access.

If the video conferencing is not working adequately, we can do it by phone or instant messaging, or finish the session early.

I will ensure that I am in a **private location** in which I cannot be overheard and in a **safe place** (e.g., not while driving).

If I am not at my usual location, I will inform my counsellor at the beginning of the session.

Name \_\_\_\_\_ Date \_\_\_\_\_

**By checking this box, I certify that I have read and understood this form and that all the information is correct.**

*Download first to your computer, then fill out, save and email as an attachment.*