

CONSENT FORM FOR ONLINE THERAPY

Thank you for your interest in engaging with online therapy. The following sheet provides information about online therapy which will allow you to decide whether you want to consent to psychotherapy therapy using this medium. Please feel free to ask any questions if you need clarification.

Benefits and limitations

Online therapy is a convenient alternative to traditional face-to-face therapy and has been shown to be effective in helping with many difficulties. However online therapy has limitations. There is a lack of “personal” face-to-face interaction which can make therapy less of a relational experience.

Technological requirements and competences

To engage in online therapy, you will require a device that can connect to the internet and be able to install and use the software that we agree to use for communication. A reliable high-speed internet connection (preferably 4Mbps for video) is also required. Please be aware that online therapy may utilise significant amounts of data, especially if video (300-800MB/hour) is used.

Procedures for technical difficulties

Disruptions can occur when using the internet to communicate. Should our communication be disrupted, I will immediately attempt to reconnect and resume the session. However, if I am repeatedly unable to reconnect for 10 minutes, the session will be rescheduled (via email) to a later date once connectivity is resumed.

Confidentiality

Any information provided to me will remain confidential and will not be given to a third party unless you give me specific permission to release the information. However please be aware that if there is a significant risk of you seriously harming yourself or another person I am obliged to act to prevent harm, which may involve giving information to a third party.

Online therapy utilizes the Internet for the transmission of personal information and therefore there are increased risks to confidentiality and it cannot be guaranteed. To protect your confidentiality, I will require that we use services that provide encryption to communicate. Please consider password protecting the devices you use and installing antivirus software to prevent access by third parties.

Please ensure that you use a private environment when engaging in online therapy so that intrusions can be minimised.

Crisis management

It can be difficult to deal with emergency crisis situations when using online therapy as we are often in separate locations. I will therefore ask you to provide the contact details of a local family or friend and a local medical practitioner who can be contacted in the case of an emergency. If you are in crisis and there is a disruption while we are engaging in online therapy, then you should immediately phone me.

Billing *(applicable for March-June 2020 online consultations only).

My services are billed by time and sessions would normally either be 30 or 60 minutes in duration. The fees for online sessions will be charged at 65% of current medical aid rates. In certain cases, lower negotiated and agreed on tariffs could also be arranged individually for private clients. Invoices will be submitted to medical aids for payment when/as applicable, or

otherwise emailed to you and you can pay for services via electronic funds transfer. Please be aware that most medical aids will not fund online therapy and that consultations that are missed or cancelled with less than 24 hours' notice will be billed.

10-minute consultation R72
40-minute consultation R500
60-minute consultation R645

Consent

1. I have read the above and understand the risks associated with engaging in online therapy. I agree to participate in online therapy and comply with the policies outlined above.

2. I confirm that the following identifying details are correct:

First name: _____ Surname: _____

Date of Birth: _____

3. I agree that in the case of an emergency where there is a threat of harm that the following persons can be contacted:

Family/Friend Name: _____ Telephone Nos: _____

Medical Practitioner: _____ Telephone Nos: _____

Client Signature: _____ Date: _____

Place: _____