Consent to Participate in Virtual or Video Communication

Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (dd/mm/yy)

I agree to participate in virtual or video communication using “Wire” technology. The email address to which I would like the required link to be sent is:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by \_\_\_\_\_\_\_\_\_(staff initials)

* I understand that “Wire” is an encrypted program.
* I understand that there will be ongoing assessment of the suitability of this format for video sessions, and may need to change formats.
* I understand that disruptions/technological problems can occur, and I will discuss possible solutions with the Klinic staff person.
* I understand it is my responsibility to ensure I am in a private setting during video sessions.
* I understand that I will need to provide information about my location and access to local resources.
* I understand that the limits of confidentiality of in-personal sessions also apply to video sessions (eg. Duty to report a child at risk, etc.).
* I have read, understand and have signed the form *Consent to Use Electronic Communication*

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_