

# YOUR LOGO & LETTERHEAD

(Include your contact information, HPCSA registration number & BHF practice number)

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## Online Therapy Guidelines

To reduce the risk of exposure during COVID-19, Art Therapist: (THERAPISTS NAME) will be conducting virtual consultations (Teletherapy), which allows for continuing therapy without being in the same room as a client. The online platforms which I will be using for therapy are either Skype, Zoom or whatsapp video calls.

With Zoom we will establish a session day and time and I will schedule meetings (appointments) for us in Zoom. This link will take you to our virtual "meeting room". I will only be in your meeting room at the start time of our consultation. You can use Zoom on a laptop, mobile phone or tablet. In addition, you will need a good strong internet connection (mobile data or Wi-Fi connection).

Some things to consider with online therapy:

As much as possible, we'd like to emulate our usual therapy space thus please consider privacy and access to internet/power.

1. Privacy: Due to the fact that I work from home, my online consults will involve me still being in my office, as usual, where privacy is maintained on my end. I acknowledge that you might be in a house that is shared by other people. During our online session, please ensure that you are in a space that is private so that you feel safe in sharing what you need to share with me. These are some measures that you could take to ensure privacy:

a) Make sure you are in a space where family members/others can't walk in and interrupt. Perhaps this means informing everyone that they are not to disrupt you for an hour. Putting a notice on the door is also a good option. Some clients choose to have their session in a car/garden/bathroom to ensure they get the privacy they need.

b) Making use of earphones will assist in getting a sense of privacy. Many earphone sets that come with mobile phones have earphones and in-line microphones which are ideal so that you don't need to speak as loudly.

2. Access to internet/power: Please ensure that you have a good strong wifi connection and or sufficient data to sustain the session. That your device is plugged into a power source or is fully charged to sustain the full length of the session. We'd like to reduce disruptions in the session as much as possible.

What to do if you can't connect to the meeting or lose connection;

If you can't connect to the meeting then please call me on: (THERAPISTS PHONE NUMBER) and I will try to assist you. Should our connection lose its strength or 'freeze up' during a session, it often reconnects automatically, so just wait a little bit. If that doesn't work or if we get cut off then I will call you on your cell phone to make a plan further.

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## **Telehealth virtual consultation agreement**

Payment and length of sessions: Please note that this remains the same as stated on the initial consent to treatment forms. (In some cases shorter sessions will be provided and billed accordingly).

The interactive electronic systems are known to incorporate network and software security protocols to protect the confidentiality of information. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. As with any virtual platform, there can be occasional risks that include, but are not limited to:

Your Risks:

- interrupted information transmits that may hamper smooth communication.
- software security protocols can fail, causing a breach of privacy of confidential information.

Your Rights: I understand that the laws that protect the privacy and confidentiality of medical information also apply to virtual consultations and I have the right to withhold consent to use these platforms, which won't affect my future care with this therapist. I understand that (THERAPISTS NAME) will attempt all reasonable measures on her side, depending on the platform that is being used, to ensure the same privacy and confidentiality as during face-to-face consultations. However due to the inherent risks involved in online activity it is physically impossible to guarantee that no problems will ever occur. As such in the unlikely event, I hereby indemnify (THERAPISTS NAME), his/her Arts Therapy practice, and any and all third parties associated with her practice against any and all liability arising in the event that such privacy is, due to no fault of (THERAPISTS NAME), somehow breached.

Patient Consent for Tele-therapy sessions:

I \_\_\_\_\_ have read and understand the information provided above. I hereby give my consent for the use of Tele-therapy and virtual platforms in my (or my child's) medical care and do authorise (THERAPISTS NAME) to use this in the course of my treatment.

Signature of person attending therapy: \_\_\_\_\_

OR Signature of Guardian (if a minor): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Therapist: \_\_\_\_\_