



Woodview Mental Health & Autism Services Consent for Virtual Service / Communication

**For the purposes of this agreement, virtual service / communication methods include:
telephone, text message, e-mail, and secure videoconferencing.**

The following agreement is between Woodview Mental Health and Autism Services and:

_____ Name of Client

_____ Date of Birth

Woodview Program: _____

I/We consent to receive virtual services / communication for the purpose of:

Please check all boxes that apply:

- Appointment reminders
- Routine follow-up inquiries
- Consultations / counselling sessions by telephone
- Secure Videoconferencing consultations / counselling sessions
- Other (please specify): _____

Note: E-mail and Text Messaging is limited to appointment reminders, routine follow-up, and for distributing parent or youth feedback surveys

Parent e-mail: _____

Youth e-mail: _____

Further, I/We agree that:

- I/We have been made aware of and understand the risks and benefits of receiving virtual services.
- Recording (i.e., video recording, sound recording, photos, screenshots, etc.) of any kind **is strictly prohibited** during video conferencing and phone consultation sessions.
- This agreement is voluntary and may be terminated by either party with seven days' written notice.

E-Mail / Text Messaging – Woodview acknowledges that electronic messages are not encrypted and confidentiality cannot be guaranteed. Messages can be inadvertently misdirected or intercepted by unintended parties. Woodview will take all reasonable precautions to ensure that any electronic correspondence to clients is not misdirected or otherwise become available to unintended parties. Emails or text messages sent to, or by, a client may be included in the client's files, if clinically relevant. Emails/text messages are not to be used for urgent matters as they may not be checked daily.

Secure Videoconferencing – The Ontario Tele-Medicine Network and Zoom for Health Care are secure and confidential videoconferencing platforms that are recognized as PHIPA compliant. Woodview will take all reasonable precautions to ensure that any videoconference sessions to clients are not misdirected or otherwise become available to unintended parties.

I/We have had the opportunity to ask questions about this information. I consent to the use of virtual services / communication, acknowledging the guidelines and knowing the potential consequences listed above.

_____ Client (Parent's) Name (please print)

_____ Client (Youth) Name (please print)

_____ Client (Parent's) Signature

_____ Client (Youth) Signature

Dated this ____ day of _____, 20 ____

Dated this ____ day of _____, 20 ____

Verbal consent received from client/guardian indicated above.