Halton Hills
Family Health Team

INFORMED CONSENT CHECKLIST FOR PHONE/VIDEO CONFERENCING SERVICES PROVIDED BY

HHFHT ALLIED PROFESSIONALS (Dietitian, Health Educator/Navigator, Mental Health Worker, Pharmacist, Psychologist, Speech and Language Pathologist)

Prior to starting video and/or phone-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies and nobody will record the session without the permission from the others person(s).
- We agree to use the phone or video-conferencing platform selected for our virtual sessions, and the service provider will explain how to use it.
- For video-conferencing, you need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices or people walking into the room) during the session.
- We are unable to conduct the appointment if you are driving.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your appointment, you must notify the service provider in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact (such as a close relative) your physical location and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in sessions.
- As your treatment provider, I may determine that due to certain circumstances, telephone/video conferencing is no longer appropriate and that we should resume our sessions in-person, when available, or alternate referrals/recommendations will be made.

Service Provider Name and Signature:

Patient Name:

Signature of Patient/Patient's Legal Representative:

Date:

Ontario