

# A **SOUND** SPACE

## Telehealth consent


- I agree to use the video-conferencing platform selected (Zoom) for our sessions.
- It is important to be in a quiet, private space that is free of distractions (including phones or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- We agree that we will not record the session to our devices without permission from the other person.
- I acknowledge that there are potential benefits as well as risks (transmission of personal data) associated with video-conferencing sessions. I acknowledge that no data is entirely secure online, despite the best intentions and precautions to protect personal data. To limit the risk of personal data (video/audio from the session) being stored in the cloud or intercepted by a 3rd party, the following precautions will be taken:
  - We will join the Zoom meeting from the downloaded version of the Zoom application on our devices, not via a web-browser.
  - We will use computer audio only, not phone audio.
  - The therapist will turn off cloud-recording capabilities.
  - We will activate 3rd-party encryption for both video and chat in our Zoom account settings.
- In the event of technical problems, I agree for the therapist to contact me at the following phone number:
- In the case of a crisis, I give the therapist permission to contact the following person and/or emergency room:
  - Emergency contact name:
  - Emergency contact number:
  
  - Closest emergency room phone number:
  - Hospital name:

Client Name (printed):

Client Signature:

Date:

Therapist Name: **Suzannah Scott-Moncrieff**

Therapist Signature: 

Date: