



Informed checklist for services via Telehealth

(Terms used to mean the same thing as telehealth are video conferencing, tele-medicine, tele-psychology, OTN)

Please review the following to insure you understand and are informed before moving forward with telehealth. Please initial you understand and sign at the bottom.

Initials	Point of understanding and informed consent
	There are potential benefits and risk of telehealth (e.g. an effective means of providing mental health services and limits of confidentiality differ from in person sessions, meaning you can't control all points of breach, like being hacked, someone walking in the room you are having a session in)
	Confidentiality still applies for telehealth sessions. No one will record the session without the permission of the other person
	We agree to use the CMHA Niagara approved platform for telehealth and the CMHA Staff will explain how to use it
	You will need to use wifi, internet and a webcam or smartphone for your session
	It is important to be in a safe, quiet, private place that is free of distractions (including cell phones or other devices during the session)
	It is important to use a secure internet connection rather than public free Wi-Fi, otherwise privacy cannot be guaranteed
	It is important to be on time, even 10 minutes before a scheduled session to test that microphone and video are in working order. It is also important to notify in advance if you need to cancel or reschedule the session
	We have discussed and documented back-up phone contact plan to restart the session or to reschedule it in the event of technical problems and those numbers are recorded below.
	We have a developed a safety plan that includes one emergency contact and other crisis services for you to contact should that be needed
	As the service provider, I may determine that due to certain circumstances, telehealth is no longer appropriate and that an alternate method is suggested.

Name of Client (first & last name):
 Verbal Consent Received from client?
 Staff name who received verbal consent:
 Date verbal consent received:

All personal health information collected and used is kept confidential and may be disclosed only as permitted under the Personal Health Information Protection Act (2004 PHIPA). Information is collected under PHIPA for the purpose of assisting you. You have the right to review and correct this information, or withhold or revoke your consent usually without affecting the services provided here. If you have any questions about our policy, please contact the Privacy Officer at 905 641 5222 Ext 2103.

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Our Mission: Strengthening mental wellness in the Niagara community.

