

Western University Telecounselling/ Videocounselling Student Intake Form

Immediate Assistance Required:

*If you require immediate medical assistance, or if your mental health is rapidly declining, you should not rely on a telecounselling and/or videocounselling appointment. In such instances, you should take other measures as appropriate, such as calling Telehealth Ontario at 1-866-797-0000, visiting your nearest Emergency Department or urgent care clinic or your local distress line. **Telecounselling and/or videocounselling services will not be used for mental health emergencies or other time-sensitive matters.***

COVID-19:

If you have personal health concerns related to COVID-19, please call your local public health unit, primary care provider (such as your family doctor) or Telehealth Ontario at 1-866-797- 0000.

Before visiting a walk-in clinic or emergency room, please complete the following two steps:

1. Use the Ontario Ministry of Health's online self-assessment tool to understand symptoms and risks.
2. Call Telehealth Ontario at 1-866-797-0000.

Student Information:

Student Name*: _____ Student Number*: _____

Date of Birth*: _____ Western Email Address*: _____

Phone Number* (to be reached at): _____

Address* (where call is to be received): _____

* Required field

Please check this box if voicemail may be left at the phone number indicated above*:

Emergency Contact Information

Name*: _____ Relationship*: _____

Phone number*: _____ Email*: _____

The purpose of this form is to obtain your consent to participate in a telecounselling and/or videocounselling appointment in connection with the following service(s) (select one):

Learning Development & Success

Western Psychological Services

Western Student Support & Case Management

NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Information collected in association with and through telecounselling and/or videocounselling appointments may be entered into a tracking system used to process and schedule appointments, as well as for quality improvement and for other purposes permitted or required by law.

NOTICE AND ASSUMPTION OF RISK

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of telecounseling and/or videocounseling. Additional information regarding the conditions, procedures and instructions applicable to such use is set out in the Appendix.

The care provider will use reasonable means to protect the security and confidentiality of information sent and received using the telecounseling and/or videocounseling services. However, because of the risks outlined below, the care provider cannot guarantee the security and confidentiality of certain electronic communications (including telecounseling and/or videocounseling) for the following reasons:

- The use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties;
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure information provided through such formats;
- Electronic communications can be forwarded, intercepted, circulated, stored, or changed without the knowledge or permission of the care provider or the student; and
- Electronic communications may be disclosed in accordance with applicable legal obligations, including the duty to report or a court order.

Additionally, there are therapeutic limitations to telecounseling and/or videocounseling services. For example, there is the potential for misunderstandings when two people are not in the same room. Your care provider will work to mitigate these challenges.

I understand and accept the risks associated with the use of telecounseling and/or videocounseling in my communications with the care provider and their staff. I also consent to the conditions associated with the use of telecounseling and/or videocounseling outlined within the Appendix, and will follow the instructions outlined in the Appendix, as well as any other conditions that the care provider may impose on communications with students using telecounseling and/or videocounseling services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that my communications with the care provider using telecounseling and/or videocounseling services may not be encrypted. I agree to communicate with the care provider using telecounseling and/or videocounseling with a full understanding of such risk.

I acknowledge that either I or my care provider may, at any time, choose to stop participating in telecounseling and/or videocounseling services upon the provision of written notice of such intent.

I agree to participate in telecounseling and/or videocounseling appointment(s) for the service(s) selected above, and I have reviewed and understand the associated risks, conditions, and instructions.

Yes No

Student Name: _____

Date: _____

Please review the Appendix included below.

APPENDIX

Telecounselling and/or videocounselling involves the use of technological applications to enable care providers (Psychologists, Therapists, Case Managers, etc.) to provide care, counselling, or to deliver services remotely to a student. The information set out below is provided in order to enable you to understand the conditions and procedures associated with using telecounselling and/or videocounselling so that you can make an informed decision about participating in a telecounselling and/or videocounselling appointment:

Conditions Applicable to Use of Telecounselling and/or Videocounselling Services:

- While the care provider will attempt to review and respond to electronic communications in a timely manner, the care provider cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time.
- Electronic communication is not an appropriate substitute for in-person appointments, where appropriate, or for attending the Emergency Department when needed. You are responsible for responding to electronic communications sent by the care provider, and for scheduling follow-up appointments where warranted.
- Electronic communications concerning treatment may be printed or transcribed in full and made part of your electronic health record. Only those individuals authorized to access your electronic health record, such as staff and billing personnel, may have access to those communications.
- The care provider may forward your electronic communications to staff and those involved in the delivery and administration of your care. The care provider will not forward your electronic communications to any third parties, including family members, without your prior written consent, or as required by law.
- The care provider is not responsible for information loss due to technical failures associated with your personal software or internet provider. In the case of a technological failure, your care provider will follow-up with you using an alternate method (i.e., telephone, email).

Telecounselling and/or Videocounselling Procedure:

- a) In your first appointment your care provider will discuss the contents of this form with you. This provides you the opportunity to ask questions or express any concerns you might have. The remainder of the session will be spent gathering information about your presenting concerns(s) and/or need(s);
- b) Details of your mental health history and/or previous appointments may be discussed to ensure proper care;
- c) Additional information will need to be gathered during the course of your first appointment to ensure your safety. This includes your exact location during the session(s);
- d) You will be notified if a technical support staff member is present during a telecounselling appointment to aid in the telecommunication transmission. This technician is also bound by the duty of confidentiality;
- e) Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the appointment, and all existing confidentiality and privacy protections under federal and provincial laws apply to information disclosed during the telecounselling and/or videocounselling appointment;
- f) The care provider may determine the need for an in-person appointment to be scheduled at a later date; and
- g) Additional consent form(s) specific to the office(s) your telecounselling and/or videoconselling appointment(s) is with may need to be signed.

Instructions for Communicating Through Telecounseling and/or Videocounseling:

You are required to adhere to the following instructions relating to your use of telecounseling and/or videocounseling:

- You must inform your care provider of any changes in your email address, mobile phone number, or other account information necessary to communicate; and
- You will be required to provide details with respect to your current location (i.e., address) during the telecounseling and/or videocounseling appointment, and to remain at this location if there is any disruption of service during the course of your appointment.

At the Time of Your Appointment:

- a) Your care provider will call you at the telephone number provided on the intake form. If you do not answer, and you have given consent for the care provider to leave a message, they will do so, indicating that they will try to reach you again in 5 minutes. If you do not answer on the second attempt, your appointment will be cancelled.
- b) Please ensure that you are in a safe and quiet place at the time of your appointment. This will help reduce distractions and ensure that confidentiality is maintained throughout the appointment; and
- c) If you have provided a cell phone number, please ensure that your phone is adequately charged and/or that you have the ability to plug your phone in.