

# CONSENT FOR TELEPRACTICE SERVICES



Telepractice involves the use of technology for connecting York Region Staff with the Client/family and may include various methods such as video conferencing, telephone and video chat.

Telepractice, including online video conferencing, is relatively new for York Region, Clients and families. It is important that everyone participating in telepractice sessions understands what is involved, what the limitations may be, what the risks and benefits are, and what other options may be available.

## Ontario's privacy legislation also applies to telepractice.

York Region has the same obligations to protect your or your child's personal and personal health information when delivering services via telepractice as they do when meeting face to face. The tools used to deliver telepractice will incorporate privacy and security protocols such as encryption deemed appropriate for health care settings to protect the confidentiality of Client information.



While telepractice sessions may support improved access to information and services, greater participation of families and convenience, it is important to understand the limitations of telepractice sessions. Please consider the following information:



All images in tele-practice are considered confidential and are not to be recorded, stored or used in any way without your express consent.



There may be instances where a telepractice session is interrupted due to screen distortions, poor internet signal quality, technical failures or access by unauthorized persons. This may cause the session to be ended sooner than anticipated and may be confusing for the child or youth. Before engaging in telepractice, arrange to have an alternate way to contact each other should the session disconnect. York Region staff will discuss next steps with you should there be a technical failure.



York Region staff will ensure confidentiality by using a private room or space for the session. The Client/family must assume responsibility for ensuring the privacy of the space that they use while participating in the telepractice session. It is recommended that families choose an environment for receiving services that is comfortable, and free from distraction and potential disruption.



The nature of some technologies may need others to be in the room during the telepractice session. York Region staff will always tell you who is in the room. It is also expected that the Client/family also share who might be joining the session from their location.



In some situations, the information transmitted via the telepractice equipment may not be sufficient (e.g., poor resolution of images, poor sound quality) to allow for appropriate assessment and decision making by York Region staff. This may delay your service provider from making recommendations or providing further directions.



There are inherent risks to privacy when using online programs and tools. York Region staff will to the best of their knowledge use platforms deemed secure for the sharing of personal and personal health information recognizing that technology is ever changing and always carries some risks. Service providers will only share information that is necessary during the session and limit the amount of personal and personal health information that is discussed. This may not always be possible given the nature of the session.



York Region Staff will document the information related to the telepractice session in accordance with their professional/program requirements and in the same way they would document a face-to-face visit.



## Consent to Telepractice

(once complete, attach or document in Client record)

Client name:

Date of birth:

I understand that the laws that protect privacy and the confidentiality of personal and personal health information also apply to telepractice, and that no information obtained in the use of telepractice which identifies my child/youth or family will be disclosed without my consent, unless it is otherwise required by law.

I understand that I have the right to withhold or withdraw my consent for the use of telepractice at any time. Withdrawal is not retroactive. In order to do so, please speak to your contact at York Region who is providing you service, or send an email to [chsprivacy@york.ca](mailto:chsprivacy@york.ca)

I understand there are some risks related to the use of technology and the internet and accept these risks at this time.

I have read and understand the information provided above regarding telepractice and have discussed the use of telepractice with my/my child's service provider/my team and all of my questions have been answered to my satisfaction.

I hereby give my consent for the use of telepractice.

### Written Consent

Name of Client/person providing written consent:

Signature of Client: \_\_\_\_\_ (or person authorized to make decisions on behalf of the Client)

If authorized to make decisions on behalf of the Client, indicate relationship to Client:

Date:

### Verbal Consent

Name of Client/person providing verbal consent:

If authorized to make decisions on behalf of the Client, indicate relationship to Client:

Name of person completing this verbal consent:

Date:

### Using Adobe Acrobat Reader to electronically sign a document

To electronically sign a document using Adobe Acrobat Reader:

1. Click the **Fill & Sign** button in the right pane.
2. Click the **Sign** button on the toolbar and select **Add Signature**.
3. Select **Type** so you can type your name and have it converted to a signature.
4. After creating a signature, click **Apply** to apply it to the document.
5. Position your signature where you want it with your mouse and click to apply it.