



ONLINE THERAPEUTIC CONTRACT

Adults and Couples

INFORMED CONSENT

I/We (the client/clients) _____ and _____ agree to the following conditions.

CONSENT FORM ONLINE THERAPY

Thank you for your interest in engaging with online therapy. The following sheet provides information about online therapy which will allow you to decide whether you want to consent to psychotherapy using this medium. Please feel free to ask any questions if you need clarification.

BENEFITS AND LIMITATIONS

Online therapy is a convenient alternative to traditional face-to-face therapy and has been shown to be effective in helping with many difficulties. However online therapy has limitations. There is a lack of "personal" face-to-face interaction which can make therapy less of a relational experience. It is also not an appropriate medium if you are seriously depressed, have serious substance dependence, or you are experiencing intense suicidal or homicidal thoughts. Seeing a mental health professional face-to-face is recommended in these situations.

TECHNOLOGICAL REQUIREMENTS AND COMPETENCES

To engage in online therapy, you will require a device that can connect to the internet and be able to install and use the software that we agree to use for communication. A reliable high-speed internet connection (minimum 4Mbps for video) is also required. Please be aware that online therapy may utilize significant amounts of data, especially if video (300-800MB/hour) is used.

PROCEDURES FOR TECHNICAL DIFFICULTIES

Disruptions can occur when using the internet to communicate. Should our communication be disrupted by for example, load shedding, I will immediately attempt to reconnect and resume the session. However,

if I am repeatedly unable to reconnect for 10 minutes, the session will be rescheduled to a later date once connectivity is resumed.

BILLING

Apart from signed contract, should our session be interrupted, the fees will apply as follows:

0-15 min: R255

15-30 min: R510

30-45 min: R765

CONFIDENTIALITY

Online therapy utilizes the Internet for the transmission of personal information and therefore there are increased risks to confidentiality and it cannot be guaranteed. To protect your confidentiality, I will require that we use services that provide encryption to communicate. Please consider password protecting the devices you use and installing antivirus software to prevent access by third parties. Please ensure that you use a private environment when engaging in online therapy so that intrusions can be minimized.

By signing this both parties agree that there will be no recordings of sessions made without explicit permission by both parties.

CONSENT

I have read the above and understand the risks associated with engaging in online therapy. I agree to participate in online therapy and comply with the policies outlined above. All other policies still apply as per original contract; this serves as auxiliary to original contract.

Yours Faithfully

Elonie de Klerk Psychologists

Treating Therapist:

Signature:

Client:

Signature:

Sincerely,

Elonie De Klerk

Elonie de Klerk Psychologists

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