



Childrens Mental Health of Leeds & Grenville



Consent to Share Information via Telephone and/or Video Conferencing

Client Name: _____ Client ID: _____

I am requesting and agreeing to the use of telephone or Direct to Client Video Conferencing through OTN or Microsoft Teams as a way to communicate with my worker at CMHLG.

My worker and I have discussed the following. I understand the information and agree with the following:

- My worker helped me understand the benefits and risks
 - Regarding using a secure device
 - Of using a device owned by myself, my caregiver or other individual
 - Of having my phone password protected
 - Sharing my password
 - Having a confidential location to participate in the telephone or video conferencing
 - Using a headset for more confidentiality
- I understand that my clinician will be discussing risks and benefits, confidentiality precautions and safety planning at the beginning of each telephone call or video conferencing session
- I understand that I will be required to share my location with my clinician at the beginning of each telephone call or video session
- I understand that one can feel less inhibited over video conferencing and that I could share more than I intended and feel vulnerable during or following the session as I may not have built an adequate trust relationship with my clinician. I will keep this in mind and share with my clinician if at any time I am feeling overwhelmed.
- I agree that I will not record my telephone call or video conferencing session

Client Name: _____ Date: _____

Parent / Guardian (where applicable): _____ Date: _____

Worker / Witness: _____ Date: _____

This consent ends upon service completion or earlier upon request

Date of requested withdrawal of consent: _____