

INFORMED CONSENT FOR ONLINE GROUP PSYCHOTHERAPY

The College of Physicians and Surgeons as well as Alberta Health Services has instructed physicians to provide telepsychiatry appointments whenever possible because of the coronavirus pandemic.

COVID-19 is placing stress on Canada's public health system. Our health service is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools. To help us keep your information safe and secure, you can:

- Understand that video, emails, calls, or texts you may receive are not secure in the same way as a private appointment in an exam room.*
- Use a private computer/device (i.e., not an employer's or third party's computer/device), secure accounts and a secure internet connection. For example, using a personal and encrypted email account is more secure than an unencrypted email account, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.*

Prior to starting online group, please review the following:

- This consent is in addition to the previously signed group consent signed when you started IPT group. While group is offered virtually, both consents will apply
- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychiatry services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychiatrist will explain how to use it.
- You need to use a laptop, webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. This includes being in a private room with a closed door.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- **It is important to be on time. If you need to cancel, you must notify your in advance by email to garwai.poon@ahs.ca**

- **I would request that GCQs are submitted by email within 15 minutes of finishing group. This can be submitted to garwai.poon@ahs.ca**
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- We will require your location for each session (ie. the address from which you will be participating in group)
- We will require the immediate contact information for each of you (phone, text message, or email), and contact information for other relevant support people, both professional and family (at least one per group member) in case of emergency or technical disruption
- We will review a safety plan at the beginning of group however in brief, if myself or another facilitator requests you to stay after group to discuss any issues that arise in the group, you will agree to do so and this will be conducted over video conferencing. Should there be acute safety concerns identified, myself or another facilitator may need to activate emergency services which could result in you being conveyed to the nearest emergency department for further assessment
- The Psychiatrists and Residents will use reasonable means to protect the security and confidentiality of information sent and received using the Services (**“Services” is defined (Zoom or other video conferencing platform, email, text, phone)**). However, because of the risks outlined below, the Psychiatrists and Residents cannot guarantee the security and confidentiality of electronic communications:
 - 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 the information.
 - Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
 - Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Psychiatrists or Residents or the patient.
 - Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
 - Electronic communications maybe disclosed in accordance with a duty to report or a court order.
 - Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.
 - If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Services

- While the Psychiatrists or Residents will attempt to review and respond in a timely fashion to your electronic communication, the Psychiatrists and Residents cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. **The Services will not be used for medical emergencies or other time-sensitive matters.**
- If your electronic communication requires or invites a response from the Psychiatrists or Residents and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Psychiatrists or Residents's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Psychiatrists or Residents may forward electronic communications to staff and those involved in the delivery and administration of your care. The Psychiatrists and Residents might use one or more of the Services to communicate with those involved in your care. The Psychiatrists or Residents will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You agree to inform the Psychiatrists or Residents of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at anytime by notifying the Psychiatrists and Residents in writing.

- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Psychiatrists or Residents is not responsible for information loss due to technical failures associated with your software or internet service provider.

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- **Inform the Physician of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services.**
- If the Services include email, instant messaging and/or text messaging, the following applies:
 - Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
 - Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.
 - Ensure the Psychiatrist or Resident is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing "read receipts" to be sent.
 - Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
 - Withdraw consent only by email or written communication to the Physician.
 - ***If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services. Rather, you should call your family physician or individual psychiatrist's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.***

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication services. I understand and accept the risks outlined in this consent form, associated with the use of the Services in communications with the Psychiatrist or Residents. I consent to the conditions and will follow the instructions outlined as well as any other conditions that

the Psychiatrists and Residents may impose on communications with patients using the Services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Psychiatrists or Residents using the Services may not be encrypted. Despite this, I agree to communicate with the Psychiatrists or Residents or the Psychiatrists and Residents's staff using these Services with a full understanding of the risk.

I acknowledge that either I or the Psychiatrists and Residents may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Patient Name:

Signature of Patient:

Date:

In lieu of signing this form, group participants are providing consent to the above by virtue of participating in various forms of virtual care including online group psychotherapy over Zoom. It is understood that each group member can withdraw their consent at any time and this will be clearly communicated to Drs. Poon, Campbell and Grimminck directly in writing by email to garwai.poon@ahs.ca.