

Online Therapy Agreement and Consent

Thank you for your interest in engaging in online therapy. This document provides important information about online therapy to help you decide whether to proceed with 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. While it has been shown to be effective for many difficulties, it does have some limitations:

- The lack of in-person interaction may make therapy feel less relational.
- It is not appropriate for individuals who are seriously depressed, have severe substance dependence, or are experiencing intense suicidal or homicidal thoughts. In such cases, face-to-face therapy with a mental health professional is strongly recommended.
- As with most forms of psychotherapy, online therapy may initially cause discomfort before progress is felt, and the changes you experience might create conflicts in close relationships.

Technological requirements and competencies

To participate in online therapy, you will need:

- A device capable of connecting to the internet.
- The ability to install and use the agreed-upon communication software.
- A reliable high-speed internet connection (minimum 4 Mbps for video).

Please note that online therapy (video consultations) requires a significant amount of data – typically 300-800MB per hour.

Procedures for technical difficulties

Internet-based communication can be disrupted. If this occurs during a session, I will immediately attempt to reconnect. However, if reconnection is unsuccessful for 10 minutes, the session will be rescheduled (via email or WhatsApp) to a later date once connectivity is restored.

Confidentiality

Any information you provide will remain confidential and will not be shared with a third party without your explicit permission, except in the following situations:

- If there is a significant risk of harm to yourself or others, I am ethically obligated to act to prevent harm, which may involve sharing information with a third party.

Please note that online therapy involves transmitting personal information over the internet, which increases risks to confidentiality. To safeguard your privacy:

- We will use services that provide encryption for communication.
- You are encouraged to password-protect your devices and install antivirus software to prevent unauthorized access.
- Ensure you are in a private environment during sessions to minimize intrusions.

Crisis management

Managing emergencies or crises can be more challenging during online therapy due to our separate locations. For this reason, I will ask you to provide the contact details of a local relative or friend, as well as a medical practitioner, who can be contacted in an emergency. If you are in crisis and our communication is disrupted, you should immediately contact me by phone.

Legal recourse

I am a registered Clinical Psychologist (Reg no: PS0070912) with the Health Professions Council of South Africa (HPCSA), and my professional conduct is governed by this regulatory body. Please note that if you are located outside South Africa, any legal recourse will only be available under South African law. This means that should a patient decide to lay a formal complaint against the psychologist or sue the psychologist for any reason, they would have to do so from a court in South Africa.

Billing

- My services are billed based on session duration, with standard sessions lasting 55 minutes.
- Fees are charged at the current rate. Please refer to our [website](#) for the most up-to-date fee structure.
- The fee for international patients includes additional costs related to professional indemnity and insurance.
- Invoices and receipts will be emailed to you. Payment must be made via electronic funds transfer before the session begins.
- Please note:
 - Some medical aids may not cover online therapy.
 - Sessions missed or cancelled with less than 24 hours' notice will still be billed.

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.

I confirm that the following identifying details are correct:

Full names and surname: _____

Tel: _____ Email: _____

ID number: _____

I agree in the case of an emergency, where there is a threat of harm, the following persons may be contacted:

Name of Relative/Friend: _____

Telephone number: _____

Name of Medical Practitioner: _____

Tel: _____

Client signature: _____

Date: _____

Place: _____