



Consent for Online Service

*please see previously signed Informed Consent for Assessment and Treatment for other issues related to informed consent

The OnCall Health video platform is used to allow for enhanced service provision through secure online video services, which would include but not be limited to counselling, training and consultation sessions, allowing clients to consult their therapists or other service providers from the privacy and convenience of the location they choose. This online service agreement is between Dr. Matthew Bailly as well as the OnCall Health video platform and the client who has agreed to participate/engage in secure online video service, which may include but not limited to online counselling, training, or consultation using the OnCall Health platform.

Collection of Client Information

In the coordination of secure online service, the following information will be collected from clients by the clinic, in coordination with OnCall:

- Name and email of the client
- Payment information (credit card), if required
- Date and time of the appointment
- Any written instructions added to the "notes for client" after the appointment.
- Files attached by the provider or the client during or after the appointment inside the OnCall platform, usually as PDF or word documents.

As noted above, all information shared with the therapist is confidential and no information will be released without the client's written authorization. Any personal information that is collected through secure online service is done so under the Personal Health Information Act (PHIA) and solely for the purposes of collecting fees, mailing forms, and arranging appointments. This clinic and OnCall Health are committed to safeguard it at the highest corresponding level in each province that services are rendered in. This information will not be released to other third parties or used for any other purpose than those outlined within this document.

Verbal consent for limited release of information may be necessary in special circumstances, and would be discussed and attained prior to any action taken with the client's personal information. As mentioned above, there are specific and limited exceptions to this confidentiality.

Withdrawal of Service

In coordination with the provider, clients may receive assessment and/or treatment in the form of individual/group/family therapy. A client is free to discontinue these services at any time (with the exception of late cancellations/no shows as identified below) and he/she is

encouraged to discuss either a change in therapist, approach, or a referral to another professional with the therapist to ensure that he/she receives the best care possible.

This consent will remain in effect until such a time as the client withdraws it via written consent or informs his/her therapist of his/her intent to discontinue services.

Attendance

Individual therapy sessions are 50 minutes in duration. Session frequency can vary over the treatment period, depending on the specific therapy goal and the progression of treatment. Clients agree to notify the clinic at least 24 hours or more prior to the start of their appointment time for a cancellation or change in appointment time in order to avoid any late cancellation fee. No shows or cancellations made less than 24 hours prior to the start of one's appointment will be automatically billed/charged at 50% of the total cost of the session booked. If 2 scheduled appointments are not attended without advance notice, I will assume that you are no longer interested in treatment and any future scheduled sessions will be cancelled.

Secure Online Service Financial Agreement

A retainer amount may be collected to hold an appointment or prepare for an assessment and that additional charges will be added to that retainer to reach previously discussed or agreed upon fee for service and fees shall never exceed the agreed upon amount. The client must acknowledge, understand, and accept the following terms of payment:

1. Clients will be asked/prompted for payment information and authorization for an online session prior to the start of the first session and that such information will be verified in person and/or by the online system for payment validity.
2. Should the payment information be verified as invalid for whatever reason, the client will be asked/prompted to provide information for a different payment method. Should the second payment method be verified as invalid as well, the session will be cancelled and should such payment verification occur immediately prior to the start of a pre-booked session, the cancelled session will be treated as late cancellation and the deposit for the late cancellation fee will be applied to the cancelled session. No further sessions will be booked until such time that the client can provide valid payment information.
3. Payment for an online session will be processed by the online system immediately upon the completion of each online session and I will receive a receipt confirming payment. Should there be a failure in finalizing the payment due to insufficient funds or any other issues, the clinic will make the necessary attempts to process the payment again using the same payment information, until such time that the payment is finalized or the clinic will contact the client for another valid method of payment. Clients are fully responsible for ensuring that all outstanding balance is promptly paid.
4. All counselling fees are tax deductible.

5. Debit, VISA and MasterCard are accepted for online services rendered.

Consent for Assessment and Treatment through Secure Online Services

To proceed with registration for secure video service using the OnCall Health platform, a client must agree to the Online Service Agreement and consent for treatment terms, found below.

Online Service Agreement

I, the client, fully agree to participate/engage in secure online service with Dr. Matthew Bailly using the OnCall Health video platform on the basis of the following information:

- Dr. Matthew Bailly, in coordination with OnCall, will collect my personal and personal health information for the purpose of rendering online counselling, training, or consultation service to me.
- The online services are occurring on a secure video feed, safeguarded in accordance with the Privacy Policy OnCall.
- I have read and agree to the terms and conditions specified in On Call's Privacy Policy.
- Dr. Matthew Bailly and OnCall do not use my personal or personal health information without my consent except as necessary to provide its service and as required and permitted by law.
- Dr. Matthew Bailly and OnCall will never rent or sell my personal and personal health information.
- Dr. Matthew Bailly and OnCall will never disclose my personal information except as required and permitted by law.
- I understand that any additional individuals other than myself may not be present in my secure online sessions without prior approval from the Dr. Matthew Bailly.
- I agree that I will NOT record (audio, video, or any other form) or share any portion of my secure online service session(s) with any party without prior written approval from Dr. Matthew Bailly.

By clicking "I accept" while using OnCall, proceeding with a session and/or signing this document I acknowledge that I understand and agree to the all the terms and conditions specified in the Consent for Online Service as outlined above.

Please see additional Privacy Policy from OnCall Health below.

Duration of treatment

Normally you are the one who decides when treatment ends. This is usually when symptoms have remitted to a point that you are feeling better and functioning relatively well. This can take a few sessions to a few months or longer. You have the right to stop

treatment at any time without further financial obligations other than those already incurred.

On occasion, I may decide to terminate treatment. If I have contracted with you or your insurer for a specific number of sessions to address a problem, then treatment will end at the end of that contract unless you or an insurer have agreed to additional sessions. If your symptoms do not appear to be responding to treatment, or should I feel that I am unable to help you due to limitations in my training, I will inform you of this and refer you to a provider who may be better suited to meet your needs. If you threaten me verbally or physically or harass my office staff, my family, or myself, I will terminate you immediately from treatment. I will offer you referrals, but cannot guarantee that they will accept you.

Complaints

You have the right to refuse anything I might suggest throughout the treatment process and to seek a second opinion. I do not pursue any type of relationship with clients or former clients because that would be unethical and/or illegal.

Misunderstandings and other difficult or uncomfortable issues may arise in our relationship and sometimes happen in sessions. If you are unhappy with me or what is happening in assessment or treatment, I hope that you'll talk about it so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behaviour to the Psychological Association of Manitoba (see contact info above). You have a right to discuss your treatment with anyone you choose, as well as the right to bring someone with you to your session. If you would like someone to accompany you, it is best to let me know ahead of time so that we can discuss your concerns and how best to protect your privacy.

Services Not Provided

As the assessment I perform is primarily used for guiding treatment, I do not provide any reports or letters to employers, employee health programs, human resources, lawyers or any other parties regarding your need to stop or ability to maintain or return to employment or for any other reason. Likewise, I do not complete paperwork related to disability status, whether through an insurer or government programs. I will provide a brief letter to your physician to facilitate their completion of these materials. Finally, I am unable to serve as a personal reference for clients for employment or other purposes, as my role is professional.

Emergency Procedures

As this is an outpatient clinic I am not available for emergencies. I may be available for brief between session phone calls during normal business hours, but will usually be seeing other clients at this time. I will tell you in advance of any anticipated lengthy absences and give you the name and phone number of a psychologist who will be covering my practice. If you are experiencing a mental health emergency, please call your local crisis line. The Klinik Crisis Line number is 204-786-8686 or 1-888-322-3019 or you may call the Manitoba

Suicide Line at 1-877-435-7170. The Mobile Crisis Service is available at 204-940-1781. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency department for assistance, or you may also go to the Crisis Response Centre at 817 Bannatyne Avenue.

I HAVE READ THE ABOVE POLICIES AND UNDERSTAND AND AGREE TO THEM

Your Signature **Your Printed Name** **Date**

Clinician Signature **Clinician Printed Name** **Date**