



Informed Consent and Limits of Confidentiality

Online Counselling and Coaching Sessions are live two – way audio and video electronic communications that allows counsellor/coach and clients to meet outside of a physical office setting.

Informed Consent

I understand that the online counselling and coaching sessions are completely voluntary and that I can withdraw this consent at any time.

I understand that none of the online sessions will be recorded or photographed.

I agree not to make or allow audio or video recordings of any portion of the sessions.

I understand that while online counselling and coaching are performed over a secure communication system that is almost impossible for anyone else to access, I also understand that any internet-based communication is not 100% guaranteed to be secure.

I agree that the counsellor/coach and practice will not be held responsible if any outside party gains access to my personal information by bypassing the security measures of the communication system.

I understand and accept there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

I understand that I or my counsellor/coach may discontinue the online sessions at any time if it is felt that the video technology is not adequate for the situation.

I understand that if there is an emergency during an online session, then my counsellor/coach may call emergency services and/or my emergency contact.

I understand that this form is signed in addition to any other Notice of Privacy Practices and Consent to Treatment that you

May be requested to sign and all shall apply to online counselling and coaching services.

I understand that if the video conferencing connection drops while I am in a session, I will have an additional phone line available to contact my counsellor/coach, or I will make additional plans with my counsellor/coach ahead of time for re - contact.

I understand a “no show” or late fee will be charged if I miss an appointment or do not cancel within 24 hours of scheduled appointment. I understand credit card or other form of payment will be established before the first session.

I understand my counsellor/coach will advise me about what tele-mental health platform to use and he/she will establish a video conference session.

Confidentiality

I understand that the laws that protect privacy and the confidentiality of client information also apply to online counselling and coaching, and that no information obtained in the use of these online sessions that identifies me will be disclosed to other entities without my consent. The privacy law of Hong Kong shall apply unless otherwise stated. In the event of any disputes, the laws of Hong Kong shall prevail.

Limits of Confidentiality

Duty to Warn: We are mandated by law to disclose pertinent information if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities. **Suicide/Self harm:** If a client implies or disclose a plan for suicide; steps need to be taken to ensure safety. This would include notifying the legal authorities as well as make reasonable attempts to notify the family/emergency contact.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. In Hong Kong, the legal age to give a valid informed consent in Hong Kong is 18.

Client Consent

Full Name:

Date of Birth:

Emergency Contact

Name:

Phone (mobile) number:

Relationship:

I have read and understand the above-stated terms relating to informed consent, confidentiality and limitations to confidentiality. I hereby give my informed consent and I accept the subsequent ramifications should there be a need to act on one of the above stated exceptions to confidentiality.

Client Signature:

Date: