ATC Virtual Treatment Consent Form

Dear Patient

The Assistive Technology Clinic (ATC) currently offers virtual care. This means that we may be using phone and/or computer technologies for virtual patient visits rather than appointments in the clinic. Some health concerns can be addressed with virtual care alone, but in some cases your ATC Practitioner may ask you to visit our clinic if necessary.

We utilize sanctioned virtual tools and 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.

Virtual treatment will involve arranging a mutually agreed upon appointment time with you and you ATC Practitioner. It can also involve the exchange of written information through password protected e-mails (in conjunction with the livestream sessions). The ATC Practitioner providing virtual treatment to you will be on campus at the Clinic. The Practitioner will be available for virtual treatment only during regular office hours (M-F 8:30AM- 4:30 PM).

If you are concerned about using video or audio tools for virtual care, you can ask your ATC practitioner to arrange an in person visit to ATC.

Technology Requirements

To access virtual treatment, you will need a telephone, a smart phone or a computer with reliable internet access and a webcam. Use a private computer/device, secure accounts, and a secure Internet connection. Our virtual treatment service providers include Ontario Telehealth Network and Zoom for Healthcare. If these options are not available, What's App and Facetime may also be used. Further instructions for setting up your OTN or Zoom link with your Practitioner will be provided to you via email.

I understand the rights and risks of accessing and receiving virtual treatment services and agree as follows:

1. I understand that emails, phone calls, videoconferences, or texts I receive are not secure in the same way as a private appointment in an exam room.

2. I understand that electronic communication is not a substitute for in-person communication or clinical examinations, where appropriate, or for attending the emergency department when needed (including for any urgent care that may be required).

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3. If virtual treatment is not appropriate for my situation, I will be provided with alternatives, including resources and/or contact information for in-person health treatment providers in my area. I understand that an opening with the providers in my area may not be immediately available.

4. I understand that despite all reasonable technology security efforts there remains a risk that the transmission and communication of my virtual treatment sessions may be breached or accessed by unauthorized persons.

5. I understand that it is my responsibility to maintain privacy on the client end of the transmission and communication. I will take precautions such as using a private space, a secure and reliable internet connection, a headset, and muting in the event of an unexpected interruption. It is the responsibility of the ATC Practitioner to do the same at their end.

6. The applicable privacy laws and the professional ethical standards of my ATC Practitioner that protect the confidentiality of my health information also apply to virtual treatment services. As such, I understand that the information disclosed by me during my virtual treatment sessions will be kept confidential and will be used to provide me with health care services.

7. There is a risk that virtual treatment services could be disrupted or distorted by unforeseen technical problems. In the event of disruption of service, I will be contacted by telephone by my Practitioner as soon as possible after the disruption.

8. I agree that in a life threatening or emergency, I will immediately call 911. If I require after-hours crisis-oriented health care services I will contact my local primary or mental health care facility.

I hereby acknowledge that I have read, understand, and have accepted all the above terms relevant to receiving virtual treatment from the Assistive Technology Clinic and I consent to receiving virtual treatment through video or audio communications.

SIGNATURE DATE

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