***Online Sessions – Informed Consent :*** *Please read and sign this document prior to our session. If you have any questions please call or text me or even book in a 15 minute quick cuppa to make sure you understand how an online session works.*

Gay Landeta provides on-line consultations for services including kinesiology, coaching, and business mentoring. Gay Landeta has high standards in providing a secure platform and does not record any communications whether audio or video.

Although electronic means for counselling appointments is increasingly common, there are potential risks to using an online counselling platform:

* + Internet services may malfunction or there may be technological challenges.  Therefore, a telephone back-up may need to be used, which results in potential misunderstandings due to a lack of visual cues.
  + Though every effort is made to ensure confidentiality, the limitations and risks in teleconferencing include public discovery, possibility of hackers, household noise or interruptions and other potential risks outside of our control.
  + The default system that Gay Landeta uses is Zoom Pro with added security, however even with best practices any information transmitted via the internet may not be 100% secure.

Crises will be managed using emergency contact numbers, medical professionals and/or emergency services.

**Please read and sign the following to consent to our session :**

* My health care provider explained to me how the video conferencing technology that will be used to affect the on-line consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
* I understand that an on-line consultation with my healthcare provider has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
* I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the consultation if it is felt that the videoconferencing connections are not adequate for the situation.
* I have had the opportunity to ask questions in regard to this procedure. Any questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

My Emergency Contact Details:

* Name
* Relationship
* Contact Details

My Doctors Details:

* Name
* Contact Details

**Signed Date**