



**STUDENT SERVICES DEPARTMENT ONLINE SERVICES**

**CONSENT FORM**

The Student Services Department (SSD) online services refers to services provided via internet technology, which can include case conference discussions, consultation, counselling, and/or assessment using interactive audio, video, or data communications.

I understand that these online services can involve the communication of sensitive personal information, both orally and/or visually. Online services provided by the SSD has the same purpose or intention as the services that are conducted in person. However, due to the nature of the technology used, I understand that online services may be experienced somewhat differently than face-to-face interactions.

I understand that there are risks and consequences of participating in online services, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of the professional, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my information could be accessed by unauthorized persons. In addition, there is a risk that services could be disrupted or distorted by unforeseen technical problems.

I understand that the SSD participants will ensure that privacy and confidentiality is maintained by accessing the online platform within a secure and private room. There is a risk of being overheard by anyone near me if I am not in a private room while participating in online services.

I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for these online services, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online session. It is the responsibility of the SSD participants to do the same on their end.

I have read and understand the information provided above regarding online services. Please check the appropriate box(es) to indicate your decision.

I **do not** agree to receive online services

I **agree** to receive the following online services:

Case Conference Discussion     Counselling     Assessment     Consultation

Parent/Guardian/ Child (age 14 or older) Name: \_\_\_\_\_

If Parent/Guardian, please indicate relationship to the child: \_\_\_\_\_

Parent / Child (age 14 or older) Signature: \_\_\_\_\_

Date: \_\_\_\_\_