



Margo Lee Burton ~ Transformational Therapy
R.S.W., M.S.W., B.Ed., C.Y.T
Social Worker/Psychotherapist

Virtual Therapy Policy and Information

This individual therapy practice is owned and operated by Margo Lee Burton, R.S.W., M.S.W. and is primarily a virtual therapy practice.

A virtual therapy practice includes sessions through an internet connection or via telephone when appropriate. Tele-mental-health (a common term for virtual therapy) is communicating directly with each other where we can see and/or hear one another and is not in person face to face sessions. Tele-mental-health is not often reimbursed by a third party - please check with your insurance in advance if you plan to pursue reimbursement.

As you will not be present in my office during your session please be aware of your own confidential space where you choose to connect with me. I utilize industry best practices and third party services that align with the Personal Information and Protection of Electronic Documents Act (PIPEDA) standards for tele-mental-health to ensure both client confidentiality and the security of the communication medium.

The quality of the connection either over phone or internet is not in my control, it can sometimes be disrupted or delayed, in these instances we can discuss whether to change how we are communicating and perhaps switch the platform.

A couple of things to consider; A hard-wired internet connection will provide the best picture and voice quality. If you are using a hot spot instead of WIFI to connect to the session be aware of increased data usage, in such instances we can discuss whether it best to conduct the session by phone.

As I will be working with you remotely and will not be able to provide services to you in an emergency I encourage you to note the contact information of helpful resources near by to your location.

At the beginning of each tele-mental-health session I will i) verbally obtain your name and address of present location; ii) continue to assess and check in with you on the appropriateness of this mode of therapy for you at this time and discuss alternative referrals if necessary.

I have read and I consent to the above information. I understand the risks and benefits of virtual therapy/counselling, the nature and limits of confidentiality, and what is expected of me as a client working with Margo Lee Burton.

Signature of Client: _____ Signature of Therapist: _____

Date: _____

If this policy changes you will be notified by phone or e-mail