



**Online and/or Phone Counselling Consent Form**

This consent form is in addition to the Privacy notice, and must be completed in order to access TRU Counselling Services.

Online counselling services are provided via telephone conversations or using interactive audio, video, or data communications. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in online counselling. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my online counselling sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online counselling session. It is the responsibility of the TRU counsellor to do the same on their end. I understand that video or phone counselling sessions are NOT recorded to ensure my confidentiality.

I understand that there are risks and consequences of participating in online counselling, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my counsellor, 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 personal information could be accessed by unauthorized persons.

I understand that assessing and evaluating threats and other emergencies can be more difficult when participating in online counselling than in traditional in-person counselling. So before engaging in online counselling services, I have identified an emergency contact person who is near my location and can be contacted in the event of a crisis or emergency to assist in addressing the situation.

*I acknowledge that I have read, understand and agree to the information provided above regarding online counselling. I provide my consent to receive online counselling, and understand that I may terminate sessions at any time.*

Signature \_\_\_\_\_ TRU Student ID \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

This form is prepared in accordance with University policy ADM 02-2, Confidentiality of Student Information and complies with applicable federal and provincial legislation including the British Columbia Human Rights Code. For information about this privacy notice please contact the Privacy office at 250-828-5012, [privacy@tru.ca](mailto:privacy@tru.ca) or by post to: TRU Privacy Office, 805 TRU Way, Kamloops, BC, V2C 0C8.