

CHERYL M. BRADSHAW, RP

Electronic Confidentiality and Office Communication Information

Please refer to the Confidentiality Consent form for full information and ensure you have reviewed and signed this form prior to treatment sessions. This form below is for your additional information regarding informed consent.

Electronic Communications:

- I understand that while content from sessions with Cheryl will always be kept locked and stored confidentially as per Personal Health Information Protection Act 2004 (PHIPA), any personal information that I choose to share with Cheryl via any other electronic format are subject to the confidentiality and privacy regulations of that individual platform (Gmail, Outlook, text, voicemail, etc.) and the limitations of device security measures (cell phones, laptops, etc).
- I am aware that communications with Cheryl sent through electronics are often stored in “clouds,” and that electronic material is thus never “deleted” in the same way as information in my physical file. Thus, this information is not subject to the same file maintenance procedures that my written file (stored securely for 10 years or 10 years after your 18th birthday – for your convenience of records – and then securely destroyed).
- I understand that electronic devices can be stolen, hacked, or broken into, on either end of communication.
- Given the above information, I understand that it is not advised to send personal information via electronic sources, but that **should I choose to do so**, I am **informed** of the possible risks of electronic communication breaches, hacking, leaks, etc. that may be outside the control of Cheryl Bradshaw. **I acknowledge that I assuming these risks** by choosing to engage in any electronic communication with Cheryl outside of sessions.

External Communications:

- The confidentiality and consent form (please see for full details) outlines that no information shall be shared with anyone unless written consent is given within the limitations outlined on that form. However, I understand that **sometimes family or friends may contact Cheryl** with information that she may not be in control of receiving (i.e. emails sent, voicemails left). I understand that Cheryl may **receive** information from other people (family, Doctors, etc.), but will not share information **in return** about me without my consent.
- Cheryl will follow best practices to report and discuss any external communications that occur about me, and that any written communications received (i.e. important emails, etc.) will be kept in my file, unless there is a contraindicated risk.

Waiting Room / Other Clients:

- I understand that counselling involves a waiting room where I may see other clients in passing before/after sessions. I understand that there is a possibility I may recognize someone who is also a client of Cheryl’s, or someone may recognize me.
- In the case of recognizing another client, I understand and agree to maintain that person’s confidentiality. **I agree to not discuss or disclose with anyone outside of counselling about people that I may have seen or recognize in waiting rooms or in passing at counselling sessions.** This gives each client full control and safety regarding their confidentiality.

In Person, Outside Office Hours:

- I understand that I may run into Cheryl outside of the office, in town, at my workplace, etc. I understand that Cheryl will not say hello to me or acknowledge our relationship to preserve my right to confidentiality (i.e. consideration that I may be with others that I do not want to discuss counselling with). Given this, however, I know I am always welcome to come up and say hello to Cheryl should I choose to – but that **this engagement is always at my (the client’s) discretion.**

Released Letters, Notes, and/or Session Material:

- Should I request a letter, notes, or other material from session or containing personal information from Cheryl, I understand that once that information is released to me, it is my responsibility to ensure the confidentiality of that document as I see fit once that information is in my care. **Cheryl is not responsible** for any breaches of confidentiality that may occur if I (the client) lose, or accidentally misplace, or send a letter, form, or note to the wrong person or an unintended party.

I, _____ understand the above information and consent
(please print name)

to engage in psychotherapy/ counselling/ life coaching services with Cheryl M. Bradshaw under these terms.

Client’s Signature

Date

Counsellor’s Signature

Date