AYỌ AKANBI, M.Div., RP., (cert) OAMHP
Registered Marriage & Family Therapist
Harmony Counselling Services

TELECONFERENCE AND/OR TELEPHONE THERAPY APPOINTMENTS AGREEMENT

I confirm that Ayọ Akanbi, M.Div., RP, RMFT / Harmony Counselling Services, has offered psychotherapy sessions via video conferencing and I have agreed to this.

Risks and Benefits
I understand that in addition to the risks and benefits of psychotherapy in general, doing psychotherapy remotely has the potential benefits of easier access to care and meeting in a location of my choosing. The potential risks include interruptions, technical problems and the potential for unauthorized access. Reasonable care has been taken to ensure the technology used is safe, appropriate and reasonably secure.

I understand that if the video conferencing technology is not working properly, the psychotherapist or I can suggest completing the session over the phone or ending the session earlier than usual. The psychotherapist is not responsible for troubleshooting technological problems during a remote session.

As this agreement entails continuing psychotherapy though not in an office, I agree that I will ensure that I am in a location that is as confidential as being in an office, to prevent being overheard. To minimize disruption, I will turn off text messages and all mobile phone and/or computer notifications while meeting.

Teleconferencing platform is not designed for emergencies. In the event of an emergency, please call 911. Or if during a session, it becomes clear that I am experiencing a mental health crisis, the psychotherapist, or I may use the session to establish a safety protocol or reach out to listed emergency contact or other emergency services if this seems necessary.

I/We may revoke this agreement at any time in writing.

_____ _____
Client's Name Signature Date

_____ _____
Psychotherapist Date