



INFORMATION AND CONSENT FORM

Study Title: Digitized Healthcare: How Teletherapy Platforms are Reshaping Mental Healthcare Services

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Source of funding for the study: N/A

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to investigate teletherapy, technologically delivered therapy, exploring how the technology of these platforms impacts the therapy experience compared to in-person therapy sessions.

B. PROCEDURES

If you participate:

- You will be asked to be interviewed via Zoom, Skype, or FaceTime. This interview will be recorded and only the principal researcher and the faculty supervisor will have access to audio file for analysis purposes.

You may be asked to do a follow-up interview, but you are not under any obligation to accept.

In total, participating in this study will take between an hour and 90 minutes.

C. RISKS AND BENEFITS

This research is not intended to benefit you personally.

In order to prevent breach of confidentiality issues, we will only ask about how you conduct your business and not details about your clients. In the event that you reveal any information, our data will be pseudonymized through the use of a pseudonym and changes made to identifying information. Your identity will not appear in any output of the research.

D. CONFIDENTIALITY

We will gather the following information as part of this research: your therapy service, how you delivered your therapy sessions before offering your service online, how this has changed since you've joined the company's platform, and how you use the platform's features to both represent yourself as a professional and to hold your sessions for and communicate with your clients. Please rest assured that we will not be asking you questions about specific clients nor will have to answer any questions that you think could compromise confidentiality of your practice.

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form.

The information gathered will be pseudonymized. That means that the information will be identified by a pseudonym. Only the researcher and faculty supervisor will have a list that links the pseudonym to your name. The information will be stored in password-protected files and external drives.

We intend to publish the results of the research. However, it will not be possible to identify you in the published results as the participant identities will not appear in any output of the research.

We will destroy the information 10 years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can ask us to pause, switch to a different question or terminate the interview. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher before within a month after your last interview.

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print)

SIGNATURE

DATE

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.