

ANNEXURE TO BE COMPLETED IF YOU UNDERTAKE ONLINE COUNSELLING / THERAPY

If you provide services to international client or online therapy, please respond to the questions raised below which needs to referred to the Insurer.

1. Do you do international work? Yes No
If yes what percentage less than 15% 15- 25% 25% - 50% more than 50%

Which countries? _____
Is your client domiciled in this country? Yes No

2. Do you do undertake online therapy? Yes No
If yes what percentage: less than 15% 15- 25% 25% - 50% more than 50%

3. Is online therapy services provided to one specific patient or how many?

4. What countries are your patients based in?

5. Do you declare and appropriately limit the nature and extent of your finding – given therapy is done online?

6. What means of online platforms is used e.g. Skype etc.?

8. Is sessions provided in English only, what barriers are instituted if there is a language barrier?

9. Do you provide your patient with certain information, including information about the nature and objectives of the services concerned?

10. Do you obtain permission to record interviews electronically or to transmit information electronically and do you inform the client of the risk of breach of privacy or confidentiality inherent in the electronic recording or transmission of information?

11. How is consent obtained?

12. Copy of consent forms to be provided – **Please attach**

13. Do you provide any written reports to a consulting Practitioner in country of patient?

14. Do you work independently or via an international Organisation – if the latter we will need what controls of supervision etc. are in place

15. Do you comply with the guidelines as set out by the HPCSA in respect of General Ethical Guidelines for Good Practice in Telemedicine?

16. Are you a member or do you comply with The Online Therapy Institute guidelines for Certified Cyber Therapists, full details to be provided

Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I / We understand that any incorrect statement in this application and the attached supporting documents including (but not restricted to) qualifications, experience, scope of practice, ability, physical or mental health or personal integrity, may result in refusal of a cover.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify iToo of such changes as soon as reasonably possible.

You are bound to the information you have provided with this submission. Completion of the form, however, does not bind you or Insurers to complete the insurance transaction. **The contract of insurance can only be finalized once we are in receipt of the fully completed and signed proposal form together with acceptance of quotation and payment.** Any new additional entity being formed, or any material changes made to the business which could impact the cover provided must be advised to insurers as cover will not automatically be granted.

Signature of Applicant

Name of Proposer (print)

Y	Y	Y	Y	M	M	D	D
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Date

Designation