Canada Telepsychology & Virtual Care Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A Canadian telepsychology and virtual care note is an ordinary progress note with telepresence elements added: session modality, the client's physical location, consent to virtual care, an emergency plan naming local resources, and a technology-failure fallback. Written after every video or telephone session. No college mandates a template; expectations come from provincial standards and the CPA telepsychology guidelines (2023). Most run 200 to 400 words.

1 · Header and modality secure video or telephone; if audio-only, why

Do: client identifier, date, session number, service type, start and stop times, and the modality used.

Pitfall: logging "telehealth" generically; when a payer or college asks whether video was used, that answers nothing.

2 · Locations and jurisdiction check eight jurisdictions license where the client sits (ACPRO MOU)

Do: where the client physically is this session, where you are, and the conclusion: authorized to practise there.

Pitfall: capturing an address at intake and never asking again; snowbirds and students are exactly what changes.

3 · Identity, privacy, and setting agree on a code word for compromised privacy

Do: verify identity (first session, new device or location), confirm a private space, note who else is present.

Pitfall: assuming privacy; a client joining from a car, kitchen, or workplace changes what can safely be discussed.

4 · Consent to virtual care verbal consent is valid everywhere in Canada

Do: a dated reference to the standing consent conversation, a session-level reconfirmation, and anything that changed.

Pitfall: treating a signed form as the finish line; the form proves one conversation, the note shows consent stayed live.

5 · Emergency plan and local resources 9-8-8 plus resources near the client today

Do: a support person near the client, the local crisis line (9-8-8 in Canada), and the nearest emergency department.

Pitfall: a plan built around the clinician's city; a client at a cottage two hours away makes every named resource wrong.

6 · Technology contingency usually: you call the client's phone

Do: the agreed fallback if the connection fails, plus any failure this session and how contact resumed.

Pitfall: no documented fallback; the record must show what happened after the video dropped, not a gap.

7 · Clinical content the progress note proper still carries the visit

Do: client's report, observations with the medium's limits noted, assessment against goals, risk statement, dated plan.

Pitfall: a complete telepresence checklist wrapped around a thin note; colleges discipline record-keeping substance.

Before you sign

- [ ] Modality recorded; audio-only reason stated
- [ ] Client location this session; authorized there
- [ ] Emergency plan local to the client, not the clinician
- [ ] Consent dated and reconfirmed this session
- [ ] Technology fallback documented either way
- [ ] Medium's limits on observation noted
- [ ] Risk statement, goal link, and dated plan

Drafting with AI

Give it session bullets, a dictation, or a transcript: modality, the client's location, consent, emergency plan, and the clinical content.

> *"Draft a Canadian virtual care note from these bullets: secure video, client at home in Kingston ON, registered in Ontario, consent reconfirmed, GAD-7 10, no SI, worry postponement next: …"*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

200 to 400 words	10 to 20 min by hand	Every virtual session	Colleges · payers · supervisors
typical length	clinical team estimate	when it's written	who reads it

Full guide and sample: **bastiongpt.com/template/canada-telepsychology-note**

Canada Telepsychology & Virtual Care Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): Date: Session #:

Service and start / stop times: Modality (secure video / telephone):

Telepresence

Complete at the start of every virtual session; the emergency plan attaches to where the client is today, not their usual address

Client's physical location this session (confirmed at start; identity verified):

Clinician's location; authorized to practise where the client is (registration / basis):

Consent to virtual care: standing consent date and mode; reconfirmed today; changes:

Local support person and contact (near the client):

Nearest emergency department to the client (local crisis line: 9-8-8):

Others present (with client agreement); code word for compromised privacy:

If audio-only, the reason video was not used:

If the connection fails, clinician will (any failure this session; how contact resumed):

Presentation and observations

Client's report and what you observed on screen; note any limits of the medium

Interventions (technique + plan goal)

Name the technique and the treatment-plan goal it served

Response and progress

In-session response, movement toward goals, measure scores where used

Risk status

A statement either way, even when risk is low

Plan / next steps

Homework, next session focus, where the client expects to join from

Outcome measure and score (if used): Next appointment:

Clinician signature / credentials: Date signed:

Supervisor signature, where required: Date: