

# Virtual Mediation Consent Form

Name of Party

Email Address

Date of Mediation

## Consent to Virtual Mediation

I understand that the mediation session will be conducted virtually, and consent to participate via video conferencing or teleconferencing.

☐ I consent to participate in the mediation session virtually.

## Confidentiality

I acknowledge my responsibility to uphold confidentiality and ensure privacy during the virtual mediation session.

☐ I agree to maintain confidentiality of the mediation process.

## Technology and Security

I understand that there are potential risks related to the use of technology during virtual mediation, including interruptions, unauthorized access, or technical difficulties.

☐ I acknowledge and accept the risks associated with virtual mediation technology.

## Additional Comments

Signature

Date

