



Dr. Ross Plews
 Dmin, M.A., CPC, CCPCP-r.ACP, CGT
 Certified Professional Counsellor Supervisor (20140046)
 CCPCP-r Advanced Counselling Practitioner (#1267)
 Certified Gottman Therapist (#214)

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A Division Of CrisisCare Counseling

Congratulations on your decision to seek out professional counselling. You have probably attempted to resolve your problem(s) by learned methods of coping, but for whatever reason, you are now feeling that you need special help. Please carefully read the following information so that you can benefit the most from your counselling experience.

As a professional counsellor, I will be supportive of you and will create an atmosphere in which you can deal effectively with your struggles. *As the counselling relationship unfolds, and you gain deeper insight into your problem(s), you may be challenged to recognize contradictions in your thinking. It may be a difficulty that you have not seen or a belief that is harmful to you. It is very important that you allow this process to take place without being offended or discouraged. Often, as a result of these clinical insights, major breakthroughs take place. I look forward to the opportunity of working together with you and trust your experience will be life changing.*

Dr. Ross Plews

Professional Accountability

Dr. Plews, is an ordained clergyman and clinical pastoral counsellor. He is a Certified Professional Counsellor Supervisor (CPCS), a Certified Gottman Couples Therapist (CGT) and is registered with the Canadian College of Professional Counsellors and Psychotherapists as an Advanced Counselling Practitioner (CCPCP-r.ACP). He is a member in good standing with the Professional Association of Christian Counsellors and Psychotherapists And the Canadian College of Professional Counsellors and Psychotherapists and adheres to their Code of Ethics.

Appointments and Confidentiality

We do not provide counselling via text or email. Counselling is provided by appointment only. Anything you say in the counselling session will be kept confidential. Your counselor may consult with other counselling professionals, but no identifying information will be disclosed without your written consent. However, please understand that there may be situations where the counselor would have to break confidentiality and report matters to the appropriate authorities.

- If there is an assessment of suicide risk.
- If abuse or neglect whether done in the past or the present, of a child, an elderly person, or a mentally challenged person is reported.
- If there is probability of danger or harm to self and/or others.
- If a court subpoenas case records.

Your counseling records (files) are kept confidential and are the property of CrisisCare Counseling and as such, are deemed records of confidential sessions between counselor and client. Other than as required by law, these records will not be released.

Alcohol and Drug Usage

Absolutely no use of alcohol or drugs is allowed prior to a counseling session. Your counselor has the right to terminate a counselling session should you arrive under the influence of alcohol or illicit drugs.

Fees:



Cash / Debit / Credit Card \$135.00 (plus G.S.T.)

All fees must be paid at the end of each counselling session unless you are covered by your Employee and Family Assistance Plan or Insurance.

Cancellation

It is expected that you will attend counselling sessions on time as scheduled and that in the event you are unable to attend a counselling session, you agree to provide at least 24 hours advance notice. In the event you do not provide 24 hours notice, you may be required to pay a **\$50.00 cancellation fee.** **Requests for letters of attendance or reports will require an additional fee of \$25.00.**

I confirm that I have read the cancellation policy and I am aware of a \$50.00 fee for any missed appointment without a 24 hour cancellation notice.

_____ Signature

Your participation in counseling is voluntary and you may leave the counselling process at anytime either at your own initiative or in consultation with your counselor.

By signing this document, you are choosing willfully to begin a formal counseling relationship with Dr. Ross Plews. You are agreeing to release, remise and forever discharge and covenant not to sue or hold legally liable CrisisCare Counseling, the counselors, and the supervisors, if applicable, from any and all claims, demands, damages, actions, or causes of action whatsoever related to the counseling process. I agree that I have had the opportunity to ask for clarification about any of the points listed above, and agree to these parameters.

Name: _____

Signed: _____ / ____ / ____
 Month Day Year

Name: _____

Signed: _____ / ____ / ____
 Month Day Year