

Signature

## **Dr. Ross Plews** DMin, M.A., CPCS, CGT

Certified Professional Counsellor Supervisor (#20140046) Certified Gottman Therapist (#214)

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## Video/Teleptherapy Release

, hereby consent to engage in video/teletherapy I/we, with Dr. Ross Plews of Crisis Care Counselling Lloydminster, Alberta. As a client receiving counselling services through video/teletherapy methods, I understand that: • Any paperwork exchanged will be exchanged through electronic means or through postal delivery. • Confidentiality still applies for video/teletherapy services, and counselling sessions are not to be recorded. • I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in video/teletherapy. I am therefore, responsible to be in a location with sufficient lighting and privacy that is free from distractions or intrusions for my video/teletherapy session. It is the responsibility of the therapist to do the same at his/her location. • It is important to use a secure internet connection rather than public/free Wi-Fi. • I may decline any video/teletherapy services at any time without jeopardizing my access to future care, services, and benefits. • It is important to be on time. If you need to cancel or change your video/teletherapy appointment, you must notify the therapist in advance by phone or email. • As your therapist, I may determine that, due to certain circumstances, teletherapy is no longer appropriate and that we should resume our sessions in-person. • All session fees are to be paid before the session begins. I/we accept the above stated guidelines and agree to use the video-conferencing platform selected for our virtual sessions. Date: \_\_\_\_\_ Signature

**Date:** \_\_\_\_\_