



Dr. Ross Plews
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A Division Of CrisisCare Counselling

Video/Teletherapy Release

Please download this file to your computer. Once you have completed the form, click the submit button and the form will be sent via your email.

I/we, _____, hereby consent to engage in video/teletherapy with Dr. Ross Plews of CrisisCare 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.

 Signature

Date: _____

 Signature

Date: _____