

CONSENT FOR TELE-COUNSELING
(USING SKYPE/ ZOOM OR OTHER TECHNOLOGY)

I understand that the use of technology such as email, videoconference (Skype, Zoom, Doxy.me) and phone for counselling/psychotherapy comes with certain limitations and risks as well as benefits. I agree to supply my own equipment to facilitate the use of these technologies for counselling, and I understand that Joanna Jewell can provide no technical assistance or advice. I understand there are no additional charges for the use of this technology.

My counselor has agreed to provide Skype/Zoom/Doxy.me counselling sessions due to circumstances which make travel for in-office therapy very difficult for me at this time. I understand that my counselor considers Skype/Zoom counseling to have certain limitations which may make this form of counseling somewhat less effective than face-to-face counseling.

I understand that communicating via the Internet is not 100% secure. If I have questions or concerns I have notified Joanna and/or pursued my own research.

I understand that my counsellor will do all that is within her ability to maintain confidentiality according to the College of Alberta Psychologist (CAP) professional Code of Ethics. I also agree that Joanna Jewell shall not be held responsible in the event that any outside party breaches the distance platform or other security and accesses my personal or confidential information.

I agree not to use the remote platform as a method to contact my counsellor in case of an emergency and that I must use other means of communication that is arranged by my counselor, and I have provided my counsellor with that information.

I will be accountable to provide a safe and confidential location for myself when having a session with Joanna remotely. I will call ("Joanna.jewell2" if using Skype) or join the meeting at the agreed upon appointment time and I will make arrangements to have no distractions or interruptions at my location during the session.

I am aware that our communication will be kept in the strictest confidence and may only be disclosed with my permission, to those I specify. Neither one of us shall make a recording of the session without discussion with the other person first. I am aware, however, of the few exceptions (as listed below) for which Joanna Jewell may need to divulge information regarding our sessions.

- 1) If she determines that I present a danger to myself and/or others.
- 2) I disclose to her knowledge of, or founded suspicion of, ongoing child, dependent adult or elder abuse. At times the counsellor could be subpoenaed into court to testify.
- 3) Joanna Jewell is ordered by a court to disclose the information as a result of a previous and/or ongoing investigation into actions taken by me, the client

Counseling for private clients for first sessions are normally 1.5 hours in length, and 50-minute follow ups. In the event of an early termination of the session due to a technical problem, an attempt will be made by both parties to reconnect and complete the session during the scheduled time. In the event of early termination of

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the session due to a distraction or interruption at the location from which I am calling, I agree to pay the full session rate that has been agreed upon in advance, and I will contact my counselor to schedule another session if required.

I agree to give my counselor 48 hours notice by phone or email if I need to cancel or reschedule a remote session (I understand that exceptions are made in the case of emergencies on a case-by-case basis). In the event that I have not cancelled or rescheduled and I do not complete the call at the agreed upon appointment time, the session will be treated as a "no show" appointment and I will pay Joanna Jewell the usual session fee.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. You are welcome to request a copy for your records.

Client's Printed Name

Signature

Date

Client's Printed Name

Signature

Date

Counselor's Printed Name

Signature

Date