

## VIRTUAL TECHNOLOGY

### **The Virtual Counselling Environment**

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of distractions for you to get the most benefit out of your session. You should also take into consideration not being in a space where others may overhear your private therapy session.

### **Receiving virtual counseling services has the following risks:**

- Virtual counseling services can be impacted by technical failures (i.e. loss of internet connections) and may introduce risks to your privacy.
- Although it is well validated by research, service delivery provided virtually is not a good fit for every person.

### **Recordings**

Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy.

### **Phone Appointments**

For phone appointments I will contact you at your scheduled appointment time. If you do not answer at the scheduled appointment time, I will phone you **once more** within a **five-minute time frame**. **If you do not answer the phone after the second call it will be considered a no-show and you will be charged \$50.00.**

### **Video Conferencing Appointments**

I will either use doxy.me or Zoom to arrange a virtual session with you. I will send you a link via email prior to the appointment time. If you do not join the session within a **twenty-minute time frame**, **I will no longer be available and you will be charged a no-show fee of \$50.00.**

\*Please note that if you are experiencing technological difficulties, I request that you contact me as soon as possible via email or phone. Vice versa, I will do the same and contact you if I experience any technological difficulties on my end. We will problem solve together on the best way to connect for the session or reschedule if required.

### **YOUR SIGNATURE**

**I have read this letter in full**, and I have been informed of the procedures and conditions as outlined in this letter. I have had an opportunity to discuss these procedures and conditions with my therapist and I am satisfied that my questions have been answered to the extent possible. I accept the help offered with full knowledge and understanding of the relevant policies and procedures.

---

Name

Signature

Date signed