



RELEASE OF LIABILITY WAIVER FOR LIFESTREAMS: VIDEO CONFERENCING THERAPY

I agree to the following:

- I consent to communicating with _____.
- I understand that By Peaceful Waters will not be recording these therapy sessions.
- I agree that I will not record or copy any portion of these therapy sessions.
- I understand that By Peaceful Waters cannot guarantee the privacy and security of my network connection. I am responsible for ensuring that my network connection is secure.
- I agree that By Peaceful Waters cannot guarantee the privacy and security of the location that I am conducting the session. I will exercise good judgment in the location of my session.
- I understand that sessions are not a substitute for Crisis Centers if I am experiencing an urgent situation. In the event of a mental health emergency, I will contact the nearest hospital.
- I agree that LifeStreams will only occur if:
 - There is a credit on account with the administration at By Peaceful Waters or
 - I provide an active credit card that will be charged for the session.
- I acknowledge that I have disclosed with the therapist an honest and true history of my mental health.
- I agree and understand that re-scheduling or canceling appointments must occur more than 24 hours **before** the scheduled session. Full payment for the session will be required for notice of cancellations less than 24 hours or missing the scheduled appointment.
- Late check-ins to the specified appointment may result in a shortened duration of the session within my allotted time upon the Therapist's discretion.
- I understand that should I end a LifeStreams session early I am not be entitled to a refund.

I have read and fully understand the release of liability waiver and I waive any and all legal liability against By Peaceful Waters.

Client Name (Please Print)

Client Signature

Date

PROFESSIONAL COUNSELLING SERVICES