



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.
- This agreement shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein. The parties irrevocably attorn to the jurisdiction of the courts of Ontario with respect to any matter arising under or related to this Agreement.

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