

**Consent For Telecounseling**

Client Name: \_\_\_\_\_  
(Print First and Last Name)

I agree that my EAP Counselor and I have determined that telecounseling through the San Francisco Health Service System Employee Assistance Program (EAP) is an appropriate method for me to access EAP services. I have read and understand the “Consent For Services” form located on the EAP website or have had it explained to me by my EAP Counselor.

I understand that telecounseling with the EAP requires me to call the EAP Counselor on their office line at the appointed time. I understand that the Counselor will be available, holding open the appointment for 15 minutes. Being later than 15 minutes for my phone call will require me to reschedule. Further, I understand that a missed telecounseling session will count as one of my 6 sessions for the calendar year.

I understand there are potential risks and limitations to telecounseling and these risks and limitations have been discussed with me:

- Maintaining a private setting
- The possibility of electronic transmission difficulties and unauthorized access to information such as phone records
- The possibility of interruptions and how it will affect the counseling hour
- The limitations of working over the phone as opposed to in-person counseling
- Handling of emergencies

I acknowledge my EAP Counselor has provided me with the following:

- Their name, professional license type and professional license number
- Their direct office phone line and the EAP general office phone line numbers
- The name and phone numbers of emergency services located in my geographical area

I understand I can ask my EAP Counselor any questions about this form and can withdraw my consent to receive telecounseling services at any time. Further I understand that verbal or written consent for the use of telecounseling is acceptable.

***If verbal consent is given counselor should note such on Client signature line and date.***

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_