

## Telecounseling Consent

**This consent includes all video, phone, and virtual counseling provided by the University of Texas-EAP.**

- I understand that my EAP provider will be providing a telecounseling appointment to provide assessment and short-term counseling.
- I understand that the telecounseling experience will be different than an in-person counseling session and that there are benefits and limitations associated with the use of this technology, such as interruptions and technical difficulties.
- Confidentiality still applies for telecounseling, and nobody will record the session without permission from the other person(s).
- If either my EAP provider or I believe that telecounseling is not the best approach, we will schedule a phone session, an in-person appointment at the EAP, or a referral to an appropriate resource.
- Please enter a phone number in case the session is disconnected or technical difficulties are encountered:
  
- Please enter the address of your intended location during the sessions, update us at the time of the session, if that changes.
  
- I understand that I will need to find a quiet and private space conducive to a therapeutic environment.
- I understand that it is important to use a secure internet connection rather than public/free Wi-Fi. \_\_\_\_\_

By signing this form, I certify that:

- I have read and understand the information on this form and I consent to using telecounseling.
- The alternatives to telecounseling appointments have been explained to me.
- I am aware that my counselor may contact the proper authorities in case of an emergency. I acknowledge, however, that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or to another person, I am not to seek telecounseling with EAP. Instead, I will seek care immediately through an in person or telephonic consultation with the nearest hospital emergency department or by calling 911.
- I have been provided with the University of Texas-EAP Confidentiality and Privacy Practices.
- I give permission to the EAP counselor to email me a link for the video session. The best email to send this to is:

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
EID

\_\_\_\_\_  
Date

Please ask your EAP counselor if you have any other questions about EAP services.

**In case of emergency, either call our 24 hour crisis counseling hotline at 512-471-3399  
or go to the nearest in-network emergency room.**