



## Telephonic Counseling Consent and Statement of Understanding

This agreement and consent form for Telephonic Counseling by Wellspring Counseling and Training Services (Wellspring) clinicians is being provided to you in order to inform you about receiving counseling services via telephonic counseling. Telephonic counseling has been a practiced technology for many years and when used properly has been shown to be a useful mode of therapy. To ensure optimum effectiveness of telephonic counseling this service is only be available to those clients who have been evaluated by their counselor in a face to face session. Additionally, only adult individual counseling is being provided by telephone.

I understand that Telephonic Counseling includes the practice of counseling, treatment, transfer of medical data using interactive audio and data communications.

I understand the state and federal laws that protect confidentiality of my medical information also apply to Telephonic counseling. Your protections outlined in the Wellspring Notice of Privacy Practices will apply to Telephonic Counseling.

I understand that Telephonic Counseling is generally provided utilizing technology and that there may be problems with connectivity in which neither party is at fault. Should disruption of service occur, any scheduled or in process appointments will be rescheduled.

Wellspring has taken reasonable steps to ensure confidentiality and privacy of Telephonic Counseling, this service in whole or in part, cannot be 100% guaranteed due to the security of telephonic communication. Further if in the opinion of the Wellspring counselor that you are participating in telephonic counseling at a physical location that may compromise the confidentiality of the counselling session your counselor may elect to terminate the session until a confidential location can be achieved.

I understand and agree to the terms of this agreement and if elected authorize Wellspring Counseling to use the following email address(es) to communicate with me about appointment scheduling.

Client's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Optional) Counselor's attestation \_\_\_\_\_

Date \_\_\_\_\_