



## Client Information and Consent for Virtual EAP Services

Employee Assistance Program (EAP) services can be provided by Video and Telephonic means of delivery by using interactive audio and visual electronic systems. The interactive electronic systems used in Virtual Counseling are compliant with HIPAA standards in order to provide protection toward the confidentiality of patient information and audio and visual data.

HIPAA confidentiality requirements apply the same for Video or Telephonic Counseling as for face-to-face sessions. You and the counselor will take every precaution to ensure the privacy of the session and your confidentiality. The provider and you each have the right to terminate the use of Virtual Counseling during the course of your service or treatment at any time. Your counselor will not record any of your videoconferencing sessions without your prior written consent.

Please note, security protocols can potentially fail causing a breach of privacy of your confidential information. You will be using your own computer equipment, and we cannot guarantee that your equipment will be sufficient to permit accurate and meaningful interactive videoconferencing. You will be provided assistance to help you obtain service in a crisis, including one caused by equipment malfunction or failure.

I understand that:

- I will not record any videoconferencing sessions without prior written consent from my EAP provider.
- I will inform my EAP provider if any other person can hear or see any part of our session at my location before the session begins. I am responsible for the privacy of communications at my location.
- I understand that I am responsible for the configuration of equipment on my computer which is used for Virtual Counseling. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.
- I understand that my EAP provider is not responsible for any breach of confidentiality caused by individuals present at my location.
- I understand that all rules and regulations which apply to the practice of mental health therapy also apply to Virtual Counseling.

### Client Consent to the Use of Virtual EAP Services

I have read and understand the information provided above regarding Video or Telephonic EAP Services. I hereby give my informed consent for the use of Video or Telephonic platforms for my EAP counseling.

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Client Signature

Date

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Provider Signature

Date