

**Wayne Corporation**  
**Telephonic Counseling Consent and Statement of Understanding**

This Agreement and Consent Form for Telephonic Counseling, conducted by Wayne Corporation, your Employee Assistance Program is being provided to you (client) in order to inform you about Telephonic Counseling and answer some questions you may have.

I understand that I must be at least 18 years of age to both consent and become a Telephonic therapy client.

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

As a client of Wayne Corporation I understand that Telephonic Counseling is generally provided utilizing technology and that there may be problems with connectivity, which is the fault of neither Wayne Corporation nor me. If a disruption of service should occur, this problem is beyond the control of Wayne Corporation, the EAP counselor and me (client), and any scheduled or in process appointments will be re-scheduled.

I understand the laws that protect the confidentiality of my medical information also apply to Telephonic counseling. As such, I understand all information concerning my EAP sessions are confidential with the exception of concern for the safety of myself or the safety of others (see 42 U.S.C. 290dd-3 and 290ee-3 for federal laws and 42 CFR part 2 for federal regulations.)

Wayne Corporation and its EAP counselors do not guarantee resolution of any kind or assure success for telephonic counseling, either explicit or implied. This means that there is no guarantee as to the outcome from the services offered by Wayne Corporation nor the EAP counselor.

In addition, I understand that phone sessions have limitations compared to in-person sessions, among those being the lack of “personal” face-to-face interactions and the lack of visual and audio cues in the therapy process. I also understand that if my EAP counselor believes I would be better served by another form of psychotherapeutic services (e.g. in-person services) I will be referred to a psychotherapist who can provide such services in my area. I understand that telephone therapy is not appropriate if I am experiencing a crisis or having suicidal or homicidal thoughts. If a life-threatening crisis should occur, I agree to contact a crisis hotline, call 911, or go to a hospital emergency room. I also understand that your counselor follows the laws and professional regulations of the State of Kentucky (USA) and the counseling treatment will be considered to take place in the state of Kentucky (USA)

Wayne Corporation has taken a significant number of steps to ensure the confidentiality and privacy of Telephonic communication(s) between you and Wayne Corporation, these actions, in whole or in part, cannot completely be 100% guaranteed due to the security of telephonic communication.

I have read and understand the information provided above. I have discussed it with my EAP counselor and all my questions have been answered to my satisfaction.

I permanently agree to release and indemnify Wayne Corporation and the EAP counselor from all suits, claims, and other actions originating from counseling provided through Telephonic Counseling.

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Employee Name (Please Print)

Employee Signature

Date

By signing above you agree to Wayne Corporation's Telephonic Counseling Consent form.

Client Name \_\_\_\_\_

**WAYNE CORPORATION  
EMPLOYEE ASSISTANCE PROGRAM  
FEES AND CANCELLATION POLICY**

Services provided by Wayne Corporation are offered at no direct cost to clients. If assistance beyond the scope of services provided by Wayne Corporation is needed, the EAP counselor will help locate appropriate community resources. It is the client's responsibility to assume costs from such referrals.

**PLEASE NOTE: Any missed telephonic appointment or cancellation with less than 24-hour notice is counted toward one of your free visits. \_\_\_\_\_ (please initial)**

**Feedback/Release of Information:**

**Self-referrals** – If an employee or family member self refers for assistance, no information concerning the person's counseling with Wayne Corporation will be released without the person's written permission.

**Supervisor referrals** – If an employee is referred by his/her supervisor because of a work performance problem, no information concerning the person's counseling with Wayne Corporation will be discussed with his/her company without the individual's written permission.

**I have read this form and understand its content.**

\_\_\_\_\_  
**Name of Client**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**