

Human Connections Counseling Services
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Telephone Counseling Addendum to Consent Agreement

I, the undersigned, agree to participate in Telephone Counseling with Mark Felber L.P.C., L.C.D.C., CP CET II. Mark Felber has explained how Telephone Counseling is performed and how it will be used for my treatment. Mark Felber has also explained how Telephone Counseling will differ from in-person psychotherapy services, including but not limited to emotional reactions that may be generated by the technology. In brief, I understand that my mental health care provider (provider) will not be physically in my presence. Instead we will hear each other electronically. Some information my provider would ordinarily get in face-to-face counseling will not be available in Telephone Counseling. My provider will be unable to touch me or render any emergency assistance. I understand that Telephone Counseling has potential risks, including the possibility that the technology will fail before or during the Telephone Counseling session and that the transmitted information could be intercepted by an unauthorized party.

I understand that at any time, the Telephone Counseling session can be discontinued by me or my mental health provider. I further understand that I do not have to answer any question that I feel is inappropriate or answer to which I do not wish persons present to hear, and that this refusal will not affect my continued treatment, and that no action will be taken against me. I acknowledge, however, that diagnoses depends on information, and treatment depends on diagnoses, so if I withhold information, I assume the risk that a diagnoses may not be made or might be made incorrectly. Were that to happen my treatment might be less successful than it otherwise would be, or it could fail entirely. I understand that that I have received no guarantee as to Telephone Counseling's effectiveness.

I have received a copy of my mental health provider's telephone contact information and voice mail number. I have also located a list of local support services in case of an emergency. I am aware that my mental health care provider may contact the proper authorities in the case of an emergency. I acknowledge, however, that if I am facing or think I may be facing an emergency situation that could result in harm to me or to another person, I am not to seek a Telephone Counseling session with Mark Felber. Instead, I will seek care through my own local support services, or at the nearest hospital emergency department or by calling 911.

These are the names and telephone numbers of my local emergency contacts (including local physician, crises hotline, trusted family, friend, or adviser).

Name Telephone Number

Name Telephone Number

Name Telephone Number

I unconditionally release Mark Felber, my mental health provider, from any liability in connection with my participation in remote Telephone Counseling services.

I have read this document carefully and understand the risks of Telephone Counseling. I have had the opportunity to ask any questions I have and have received satisfactory answers. With this knowledge, I voluntarily consent to participate in Telephone Counseling services, included but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.

Client's Signature

Date and Time

Client's Signature

Date and Time