

Utah State University Counseling & Psychological Services

Informed Consent for Telehealth Services

Patient name: Location of Patient:	Patient Date of Birth:
Provider Name: Location of Provider:	Date Consent Discussed:

This document is an addendum to USU’s Counseling and Psychological Services (CAPS) standard informed consent and does not replace it. All aspects of informed consent for treatment in that document also apply to Telemental health (TMH) treatment.

Telemental health is currently being offered as an option while Utah State University responds to COVID-19. This option will no longer be available when Utah State University resumes regular campus operations.

I understand the following potential risks, consequences, and limitations of Telemental health:

- TMH should not be viewed as a substitute for face-to-face counseling or medication management by a physician. It is an alternative form of counseling with certain limitations.
- TMH is relatively new, and therefore lacks research indicating that it is an effective means of receiving therapy.
- TMH may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts, or have certain personality disorders. Use of TMH is at the discretion of the clinician. Depending on your needs, your mental health provider at CAPS may refer you to a therapist in your community who can provide face to face services. The CAPS case manager may also be available to help bridge the continuum of care.
- TMH may lack visual and/or audio cues, which may increase the likelihood of misunderstanding each other.
- TMH may have disruptions or delays in the service and quality of the technology used.
- TMH creates a remote connection over the internet between client and provider, and, in rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.

I understand the potential, risks, consequences, and limitations of telemental health:

Initial _____

I understand the following backup plan in case of technology failure:

- The most reliable backup is a phone. Therefore, it is necessary that you always have a phone available and that your provider knows your phone number.

- If you get disconnected from a Telemental health session, end and restart the session. If you are unable to reconnect within five minutes, your provider will call you at the phone number you provided to CAPS.

Emergency Contact

If you are experiencing an emergency, including a mental health crisis, please call 911, or the Suicide Prevention Hotline 1-800-273-8255, or go to your nearest emergency room. You may also access the Safe UT app on your phone. Safe UT is a free and confidential service that you can access a licensed clinical professional 24/7 when a crisis arises.

So that your provider is able to get you help in the case of an emergency, the following are important and necessary. By signing this agreement form you are acknowledging that you understand and agree to the following:

- You must inform your provider of your location at the beginning of each session.
- You must identify on your informed consent form (below) a person who can be contacted in the event that your provider believes your safety is at risk.

My emergency contact person and their phone number is _____.

I understand the agreement for emergency contact. Initial _____

When receiving Telemental health, it is also required that you:

- Complete and submit patient information consent forms. Scheduled therapy sessions will only be held if these forms have been received by CAPS.
- Only engage in sessions when you are physically in Utah. Your provider will confirm this each session.
- Engage in sessions only from a private location where you will not be overheard or interrupted.
- Use your own computer or device, or one owned by Utah State University that is not publicly accessible.
- You are connected on a private internet connection or are only using a public connection in conjunction with a VPN service
- Ensure that the computer or device you use has updated operating and anti-virus software.
- Do not record any sessions, nor will CAPS record your sessions without your written consent.

Telehealth counseling appointments occur at the time agreed upon by you and the provider. Should you miss an appointment, you must contact your therapist or the CAPS office in order to reschedule.

I understand what is asked of me to protect my privacy. Initial _____

ACKNOWLEDGEMENTS

1. I understand that telehealth is the delivery of services using interactive technologies (use of audio, video, or other electronic communications) between a provider and patient who are not in the same physical location. Services are provided by a licensed healthcare provider (or student trainee under the supervision of a licensed healthcare provider).
2. I understand that certain laws that protect privacy and confidentiality of student records and/or medical information also apply to telehealth. Information obtained during the visit(s) will not be disclosed without my consent except for when required by law.
3. I understand that certain laws give me the right to access my clinical information and copies of treatment records even when provided through Telemental health.
4. I understand I will be informed of the identities of all parties present during the visit.
5. As with any internet-based communication, I understand that there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
6. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
7. I understand it is my responsibility to maintain privacy on my end of the communication.

I have read this document carefully and have had my questions regarding the process answered and I hereby give my informed consent to receiving services via telehealth.

Printed name of client:	Printed name of provider:
Signature of client:	Signature of provider:
Date signed by client:	Date signed by provider: