

Supplemental Telehealth Informed Consent

I, _____ (student name), hereby consent to engaging in telehealth counseling with a mental health provider at the University Counseling and Testing Center (UCTC). Telehealth is a broad term that refers to mental health services and information provided electronically or with the use of technology, which includes, but is not limited to, counseling by phone or video conferencing. I understand telehealth counseling may include mental health education, diagnosis, consultation, treatment, and referrals to resources. Telehealth counseling with UCTC will occur primarily through telephone conversations and video sessions and may involve email exchanges. I understand that I have the following rights with respect to telehealth:

1. I have the right to withhold or withdraw consent at any time. If I withdraw or withhold my consent to telehealth, I may meet with a provider onsite at the UCTC office. In some instances where meeting at a physical location is not possible (e.g., campus closure), UCTC may need to refer me to another community mental health provider who can appropriately provide this service.

2. The use of telehealth counseling is subject to the discretion of a UCTC mental health provider, temporary in nature, and based upon the assessment of my clinical needs. Telehealth counseling will only begin after I have contact with a UCTC mental health provider and he or she has determined that such counseling is appropriate for my care. If I am an existing client of UCTC, this transition may occur as part of my on-going care. If I am a new client of UCTC, telehealth counseling will only occur after I participate in a screening and UCTC mental health provider informs me that participating in telehealth counseling is appropriate. Receiving telehealth counseling may be contraindicated with:

- Recent suicide attempt(s), psychiatric hospitalization, or psychotic symptoms.
- A clinical presentation with severe physical symptoms (e.g., severe eating disorder, severe depression) that requires medical attention.
- Moderate to severe substance abuse or dependence symptoms.
- Severe eating disorders.
- Repeated “acute” crises (i.e., occurring once a month or more frequently)

3. For me to receive telehealth counseling, I must be physically located in a state where the UCTC mental health provider is licensed (i.e., Alabama). Telehealth service cannot be provided in international jurisdictions. Restrictions may be waived under certain circumstances. I agree that I will tell my UCTC mental health provider if I am located in a state other than Alabama at the time of my scheduled session.

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4. Telehealth counseling appointments occur at the times agreed upon between me and my UCTC mental health provider. If I miss my scheduled appointment, I must contact my UCTC mental health provider or the UCTC main office (251- 460-7051) in order to reschedule.

5. If I am a minor under the law of the state where I am physically located during telehealth counseling, then telehealth counseling cannot be provided to me unless this consent form is also signed by my parent or guardian. The age of majority in Alabama is nineteen (19).

6. The laws that protect the confidentiality of my personal information and clinical treatment record also apply to telehealth counseling. As such, I understand that the information I disclose during the course of telehealth counseling sessions is generally confidential. However, there are exceptions to confidentiality that may require disclosure of my personal information and/or clinical treatment record, including, but not limited to:

- In my UCTC mental health provider's reasonable opinion, I am believed to be in imminent danger of harming myself or others and disclosure is deemed necessary to ensure my safety or that of another person.
- My UCTC mental health provider has reason to suspect the presence of abuse or neglect of a child, an elderly person, or dependent adult and is required by law to report such suspicion to the Alabama Department of Human Resources.
- A UCTC staff member is presented with a lawful subpoena or judicial order that requires disclosure.
- I am a minor under applicable state law and information is requested by my parent or guardian.

7. I understand that my telehealth counseling sessions will not be recorded by my UCTC mental health provider, though a written and/or electronic record of the date, time, and nature of the session with UCTC will be maintained in a secure manner. I understand that the dissemination of any personally identifiable images or information from my telehealth counseling interactions to other entities shall not occur without my written consent, except as may be permitted or required by law.

8. I understand that there are risks and consequences from telehealth counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of my UCTC mental health provider, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons. Another risk of use of UCTC telehealth counseling is that I may experience loss of confidentiality due to factors from the surrounding environment in which I choose to participate in telehealth counseling. I acknowledge

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that UCTC has advised me to not participate in UCTC telehealth counseling unless no one else is the room during the session and I am not in a public space. UCTC has further advised me not to participate in UCTC telehealth counseling while on speaker phone.

In addition, I understand that UCTC telehealth counseling may not be as complete as face-to-face counseling services. I also understand that if my UCTC mental health provider believes I would be better served by another form of intervention (e.g., face-to-face services), I will be referred to a mental health professional that can provide such services in my area.

Finally, I understand that I may benefit from telehealth psychological counseling, but results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my UCTC mental health provider, my condition may not improve, and in some cases, may worsen.

STUDENT

Print Name: _____

Signature: _____ Date: _____

PARENT/GUARDIAN (IF APPLICABLE)

Print Name: _____

Signature: _____ Date: _____

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