

Union University Counseling Center
Informed Consent for Tele-Mental Health

Client Name: _____
Location Where Client Will Be for Sessions: _____
Client Phone Number: _____
Name of Emergency Contact in your location: _____
Phone number for Emergency Contact in your location: _____
Nearest Emergency Room Or Crisis Mental Health Agency:
Agency Name: _____ Phone: _____ Address: _____

This document is an addendum to Union University Counseling Center's standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to Tele-Mental Health (TMH) treatment.

WHAT IS TELE-MENTAL HEALTH

TMH refers to counseling sessions that occur via phone or videoconference using a variety of technologies. TMH is offered to improve access to counseling services to Union University students during major crises, such as COVID-19. However, the results of TMH cannot be guaranteed or assured. You are not required to use TMH and have the right to request other service options or withdraw this consent at any time without affecting your right to future care or treatment at Union University Counseling Center.

TMH services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with, communications technology; significant communications service disruptions; or need for more intensive services. In these cases, your counselor will help you establish referrals to other appropriate services.

CONFIDENTIALITY

TMH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- Sessions could be disrupted, delayed, or communications distorted due to technical failures.
- TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Your counselor may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or TMH presents barriers to treatment.
- In rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons.

Union University Counseling Center works to reduce these risks by only using secure videoconferencing software and these policies and procedures:

- You may only engage in sessions when you are physically in Tennessee, or if your counselor has received permission to do so from your home state. Your counselor will confirm this each session.
- You and your counselor will engage in sessions only from a private location where you will not be overheard or interrupted.
- You will use your own computer or device, or one owned by Union University, but that is not publicly accessible.
- You will ensure that the computer or device you use has updated operating and anti-virus software.
- You will not record any sessions, nor will the Counseling Center record your sessions without your written consent.
- You will provide contact information for at least one emergency contact in your location who the counselor may contact if you are in crisis and your counselor is unable to reach you.

Email is not a confidential method of communication, and your counselor may not access or respond to emails quickly. If you choose to contact your counselor by email, do not include private information, and do not expect a prompt response. If you need to reach your counselor between sessions, you may call the Counseling Center during business hours. Client e-mail communications may be viewed by other staff at the Counseling Center. E-mail communications will be stored electronically as treatment records.

TECHNICAL PROBLEMS

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. Make sure that Union University Counseling Center has a correct phone number at which you can be reached, and have your phone with you at session times. If you are unable to connect, or get disconnected, please try to connect again and if problems continue please contact your counselor via email.

QUICK QUESTIONS

Will you be in the state of Tennessee while receiving counseling? Yes No

Do you have a computer/device with internet access and that has the capability of using ZOOM? Yes No

Do you have a location to receive Tele-Mental Health counseling that allows for reasonable confidentiality? Yes No

Are you comfortable with using video conferencing as a means of receiving counseling? Yes No

We use ZOOM for healthcare for online counseling. You will receive a link via your email for each appointment that you will use to access the meeting for the appointment. It is no cost, but it does require internet access to link to the video conference. Are you comfortable with trying to use this technology? Yes No

There is the potential for technology breakdowns and interruptions. Do you believe that the use of technology will cause you more distress than it will help you? Yes No

Would you be willing to allow our counseling intern (Adam Carlucci) to observe the session for training purposes? Yes No

IN CASE OF EMERGENCY

If we believe you are in crisis and we are unable to contact you, we may call your emergency contact or local emergency services providers to ensure your safety.

Union University Counseling Center is open from 8:00 am-4:30 pm, M-F, on normal business days during the academic year. Union University Counseling Center cannot provide 24-hour emergency management, particularly to those using services at a distance. If you are in crisis outside of normal hours, you agree to:

- Call Union University Safety & Security (731.394.2922), where you will be connected with a counselor to consult
- Call the National Suicide Prevention Lifeline (1-800-273-8255) or text 741741 to speak with a counselor
- Go to the nearest emergency room or crisis mental health agency. (Listed above.)

I have read and understand the above information and all my questions have been answered. I hereby give informed consent to use Tele-Mental Health in my care.

Signature of Client (or authorized person)

Date

If authorized signer, relationship to client