



INFORMED CONSENT FOR TELE PSYCHOLOGY

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

Patient Name: _____

Patient Telephone #: _____

Location Patient Will Be for Sessions: City _____ State _____

The purpose of this Informed Consent form is to obtain your consent to participate in telemedicine health service provided by the Student Health & Wellness Center (SHW). This Informed Consent for Telemental Health (TMH) contains important information regarding psychotherapy or medication management services provided via the phone or electronic video platform. Please read this carefully, and let your provider know if you have any questions. This document supplements and is added to the SHW Consent to Treatment and does not replace it. All aspects of informed consent for treatment in that document apply to TMH.

TMH refers to behavioral health appointments that occur via phone or videoconferencing, using a variety of technologies. TMH is offered to improve access to behavioral health services for those eligible patients where in-person appointments are a barrier. However, the results of TMH cannot be guaranteed or assured.

You have the right to withhold or withdraw consent to TMH treatment at any time without affecting the right to future care or treatment. If consent is withheld or withdrawn, SHW students may consult with a counselor to discuss other treatment options and/or referral to a local mental health provider.

TMH services may not be appropriate, or the best choice of service for a patient's care needs. Some reasons include, but are not limited to:

- Heightened risk of harm to oneself or others,
- Recent suicide attempt(s),
- Psychiatric hospitalizations,
- Psychotic symptoms,
- Moderate to severe depression or bipolar disorder symptoms,
- Repeated acute crises, moderate to severe alcohol or drug abuse, and/or
- Severe eating disorders, or those otherwise in need of more intensive services.

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,
- There are potential risks and benefits associated with any form of counseling, and no result can be guaranteed or assured,
- TMH can mean that nonverbal cues are missed, increasing the likelihood of misunderstanding one another,
- Your provider may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or circumstances involving TMH present barriers to treatment, and/or
- In rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons.

SHW works to reduce these risks using secure and HIPAA-compliant Zoom videoconferencing software and these policies and procedures:



INFORMED CONSENT FOR TELE PSYCHOLOGY

Page 2 of 2

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

You may only engage in a session when you are physically located in Oregon, or a state where your provider is legally allowed to provide care under their Oregon license.

1. You and your provider will engage in sessions only from a private location where you will not be overheard or interrupted.
2. You will need to have and utilize a personal computer or tablet device with a webcam, and secure high-speed internet connections. In some cases, TMH services may be provided over the phone, if your provider determines this is appropriate. Please be aware that phone communication may not be secure.
3. You will not record any sessions, nor will SHW record your sessions without your written consent.
4. You will provide contact information for at least one emergency contact in your location who SHW may contact if you are in a crisis and your provider is unable to reach you. (Note that you cannot list yourself as your own emergency contact.)

Emergency Contact:

- a. Name: _____
- b. Phone: _____
- c. Relationship: _____

Should there be technical problems with video conferencing, the backup plan is to connect by phone. Make sure that SHW has a correct phone number at which you can be reached, and have your phone with you at the time of your session. If you are unable to connect, or get disconnected, please try to connect again. If problems continue, call SHW at 503-494-8665.

If you need to reach your provider between sessions, please use Mychart or call SHW.

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.

If you are unable to attend a scheduled TMH session, you are expected to contact SHW at 503-494-8665 to cancel your appointment. Students who do not follow this procedure may be deemed ineligible for TMH services.

By signing this document, you acknowledge that certain emergencies and crises are inappropriate for SHW TMH services. If you are ever experiencing an emergency, including a mental health crisis, you agree to:

- Call 911, or go to the nearest emergency room
- Call the National Suicide Prevention Hotline: 800-273-8255 (24 hours)
- Contact the crisis text line: <https://www.crisistextline.org/> text HOME to 741741 (24 hours)
- Call the Veteran's Crisis Line 1-800-273-8255 (press 1 or text 838255)
- Contact a local suicide hotline. (Local Multnomah County Crisis Line 503-988-4888)

I have read and understand the above information and all my questions have been answered. I agree that I have received an explanation of how the video and audio technology will be used to conduct the TMH services, and I understand there are limitations to the technology and the process for TMH, including the potential for incomplete exchange or loss of information. I hereby voluntarily give my informed consent to use TMH in my care.

Signature _____ Date (required) ____/____/____ : ☐am ☐pm Time (required)