**Center for Health & Counseling**

**Counseling Services**  4600 South Redwood Road, STC035, Salt Lake City, UT 84123 ● 801-957-4268 (office) ● 801-957-4341 (fax)

**Supplemental Informed Consent Form for Telemental Health**

This document is an addendum to the Center for Health & Counseling’s (CHC) standard informed consent and does not replace it. All aspects of informed consent for treatment in our standard informed consent documents apply to Telemental Health (TMH). TMH is a broad term that refers to mental health services and information which are provided electronically or with the use of technology. This form of service may include mental health education, diagnosis, consultation, counseling, medication management and referral to resources. As provided by the CHC, TMH may include telephone conversations or videoconferencing. Email and text messaging are usually not provided. TMH is currently being offered in response to the COVID-19 outbreak and in accordance with Federal and State recommendations for social distancing.

The following conditions pertain to your use and participation in TMH:

1. You have the right to withhold or withdraw consent at any time. This will not affect your right to future care and treatment at the CHC once normal operations and face-to-face treatment are resumed.
2. The use of TMH is subject to the discretion of your CHC provider, based upon assessment of your clinical condition, and may be discontinued if deemed inappropriate relative to your current clinical needs. Receiving TMH services may be contraindicated with:
* Recent suicide attempt, psychiatric hospitalization, or psychotic symptoms
* Moderate to severe major depression or bipolar symptoms
* Moderate to severe alcohol or drug use
* Severe eating disorders
* Repeated “acute” crises (occurring once a month or more frequently)
* Couples with a high level of conflict

If TMH is not appropriate for your condition, your provider will work with you to refer you to other resources as appropriate.

1. In order to receive TMH, you must be physically located in the state of Utah. TMH cannot currently be provided across state lines, or in international jurisdictions. Your provider will confirm this at each session.
2. TMH cannot be provided to students who are minors, unless consent is also provided and documented by a parent or legal guardian. High-conflict couples may have to defer counseling until in-person sessions are resumed, as counselor management of conflict via TMH may be too difficult. Couple counseling sessions are only offered via videoconferencing, and not provided by phone.
3. The laws that protect the confidentiality of your personal information and clinical record also apply to TMH. The same exceptions apply as in face-to-face treatment, which are enumerated in our standard informed consent forms.
4. The same laws that give you the right to access your clinical information and copies of treatment records also apply to TMH.
5. TMH sessions will not be recorded by either the provider or the client.
6. There are potential risks, consequences and limitations of TMH, including:
* TMH is relatively new and some clients may not find it as effective as face-to face treatment. While possible, beneficial results are not guaranteed.
* TMH may lack the visual and audio cues available in face-to-face interactions, which could increase the likelihood of misunderstandings between the client and provider.
* If videoconferencing is being used, there may be disruptions or delays in service and in the quality of imaging in the technology used.
* In rare cases, security protocols could fail and confidential information could be accessed by unauthorized persons.
1. You will need to ensure the protection of confidentiality in your environment:
* Engage in sessions only from a private location where you will not be overheard or interrupted.
* Use your own phone, or if videoconferencing, your own computer.
* If using a computer, ensure that you are connected on a private internet connection or are only using a public connection in conjunction with a VPN service.
* Ensure that the phone or computer you use has updated operating and anti-virus software.
1. Any costs incurred from participating in TMH (e.g. use of phone minutes, cost of call) are the responsibility of the client.
2. If you are experiencing an emergency, including a mental health crisis, please call 911, call the UNI Crisis Line at 801 587-3000, use the SafeUT app, or go to your nearest emergency room.
3. So that your provider can get you help in case of an emergency, you must inform your provider of your location at the beginning of each session, and you must list an emergency contact (see below) who can be contacted in the event your provider believes your safety is at risk.
4. If videoconferencing is being used, if the connection is lost and you cannot restart it, the most reliable backup option is a phone. Therefore, it is necessary that you always have a phone available and that your provider knows your phone number. Provider will call within five minutes of lost connection.

**Consent to TMH Treatment**

* I have understood and acknowledge the information, risks, limitations and responsibilities of participation in TMH described in this document, agree to abide by its terms, and give my consent to be treated at the Center for Health & Counseling.
* I understand that I can discuss the information above with my provider and have had all my questions answered to my satisfaction.
* I also understand and acknowledge that all claims for negligence and other claims against Salt Lake Community College and its employees and agents, including but not limited to psychologists, social workers, mental health counselors, nurses and psychiatric nurse practitioners may be governed by the provisions of the Utah Governmental Immunity Act, Utah Code Annotated Section 63G 7-101 et seq., as may be amended from time to time, a special law restricting how and when a claim must be presented and limitations on the amount recovered.

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Client Signature Please Print Name Date

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Client Signature Please Print Name Date

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Therapist Signature / Witness Please Print Name Date

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Parent or Legal Guardian Please Print Name Date

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_