TeleMental Health Consent

This document is an addendum to DSU Booth Wellness Center’s (BWC) standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to Telemental health (TMH) treatment.

In Utah, Telehealth is defined as “Telehealth services, including clinical care, provided by a provider to a patient through a method of communication that meets industry security and privacy standards, including compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the federal Health Information Technology of Economic and Clinical Health Act.”

This form of service usually consists of live video conferencing through a personal computer with a webcam. Telemental health is currently being offered as an option while the DSU Booth Wellness Center is closed to in-office appointments in response to COVID-19. This option will no longer be available when Dixie State University re-opens its campus.

I understand that I have the following rights with respect to Telemental health:

1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
2) The laws that protect the confidentiality of my clinical information also apply to Telemental health.
3) I understand that the same laws that give me the right to access my clinical information and copies of treatment records also apply to Telemental health.

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

- Telemental health 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.
- 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.
- In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.

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 the BWC.

Emergency Contact

If you are experiencing an emergency, including a mental health crisis, please call 911, or call the IHC Access Center 435-688-4343, or Suicide Prevention Hotline 1-800-273-8255, or go to your nearest emergency room.

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.

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

- 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, one 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 BWC record your sessions without your consent.

ACKNOWLEDGEMENTS

- I acknowledge/understand the attendant risks involved with TMH and voluntarily assume them in the hopes of obtaining the desired beneficial results. I understand that I may benefit from TMH psychological counseling, but that 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 provider, my condition may not improve, and in some cases may even get worse.
- I acknowledge/understand that all claims for negligence and other claims against Dixie State University Booth Wellness Center and its employees and agents, including physicians, nurses, technicians and students 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.
• I have read and understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction.
• I understand that while the BWC charges no fee for TMH, there may be an incurred cost from participating (e.g., cost of phone call, use of minutes from a phone plan) and that I am responsible for covering these costs.
• TMH counseling cannot be provided to students who are minors, unless this consent form is also signed by a parent or guardian.

Client Name: ________________________________

Date: ________________________________

Emergency Contact (Name and Number): ________________________________