

CONSENT FOR TELEMENTAL HEALTH CONSULTATION AND TREATMENT

Client Name and Student ID: (please print)
Client Location for Sessions (full address and phone number):

This document is an addendum to the Mental Health Services (MHS) standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to Telemental health (TMH) treatment.

TMH usually consists of live video conferencing through a personal computer with a webcam. TMH is currently being offered as an option while Washington University is closed in response to COVID-19. This option will no longer be available when Washington University re-opens its campus or when the semester ends.

Eligibility for TMH Services

To be eligible for this service, student must:

- Currently be enrolled full-time and paid the University's health and wellness fee
- Reside in Missouri (this may change if laws are revised during this national emergency)
- Meet the screening criteria put in place by MHS providers

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

- 1) Engaging in a TMH visit is optional and 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:

1. TMH 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.
2. TMH may lack visual and/or audio cues, which may increase the likelihood of misunderstanding each other.
3. TMH is not appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.
4. There is a possible risk of an incomplete or ineffective visit due to technological issues, and that if any of the technological issues occur, the visit may end. The technological issues include, but are not limited to:
 - a) failure, interruption or disconnection of the audio/video connection;
 - b) disruption or delays in the service and quality of the technology used;
 - c) a picture that is not clear enough to meet the needs of the visit; and/or
 - d) a risk of access to the visit through the interactive connection by electronic tampering.
5. In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.
6. It may be determined that due to certain circumstances, TMH may become inappropriate and that alternative options/referrals will be provided.
7. TMH is relatively new, and therefore lacks research indicating that it is an effective means of receiving therapy.

I understand the following backup plan in case of technology failure:

- The most reliable backup is a phone. Therefore, it is necessary that I always have a phone available and that my provider knows my phone number.
- If I get disconnected from a Telemental health session, I will end and restart the session. If I am unable to reconnect within five minutes, my provider will call me at the phone number I provided.

Emergency Contact

If you are experiencing an emergency, including a mental health crisis, please call 911, Provident Behavioral Health 314-647-4357, or Suicide Prevention Hotline 1-800-273-8255, or go to your nearest emergency room.

So that your provider can 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:

- I must inform my provider of my location at the beginning of each session.
- I must identify on this informed consent form (below) a person who can be contacted in the event that my provider believes my safety is at risk.

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

- Only engage in sessions when you are physically in Missouri. 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
- 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 MHS record your sessions

ACKNOWLEDGEMENT & CONSENT

I have read and understand this consent. I have been given an opportunity to ask questions, and my questions have been answered to my satisfaction. The risks, benefits and alternatives of the Telemental Health visit have been explained to me and I hereby voluntarily consent to participate in Telemental Health services as described in this document during this course of treatment. I agree that WU will not be held liable in the event that a third party gains access to the video feed and discovers personal or confidential information.

Signature of client:
Date:
Emergency Contact (Name and Number):