



Consent For Telehealth Consultation and Treatment

Client Name: _____

UVUID: _____

This document is an addendum to the Student Health Services (SHS) standard informed consent and is not intended to 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. It may also consist in direct phone contact. TMH is currently being offered as an option while Utah Valley University (UVU) operates under modified conditions in response to COVID-19. This option may no longer be available when UVU returns to normal campus operations.

I understand that I have the following rights with respect to TMH:

- 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.
- The laws that protect the confidentiality of my clinical information also apply to TMH.
- I understand that the same laws that give me the right to access my clinical information and copies of treatment records also apply to TMH.

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

- 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.
- 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 SHS.

When receiving TMH, 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, or one owned by UVU that is not publicly accessible.
- 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 SHS record your sessions without your written consent.

Emergency contact:

If you are experiencing an emergency, including a mental health crisis, please call 911, UNI Crisis Services 801-587-3000, 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.
- You understand that if your provider believes your safety is at risk, they may contact police to conduct a welfare check.

Acknowledgements:

- I acknowledge/understand the attendant risks involved with TMH and voluntarily assume them in the hopes of obtaining the desired beneficial results.
- I acknowledge/understand that all claims for negligence and other claims against Utah Valley University and its employees and agents, including physicians, nurse practitioners, therapists, 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.

My signature confirms I have read, understand, and agree to abide by the information provided above.

Signature of Client: _____

Date: _____

Emergency Contact (Name and Number): _____