

Telemental Health Informed Consent

Telemental health is a broad term that refers to mental health services and information provided electronically or with the use of technology.

I hereby consent to engaging in telemental health therapy with a mental health provider at UNT's Counseling and Testing Services (CTS). I understand telemental health therapy may include mental health education, diagnosis, consultation, treatment, and referrals to resources. Telemental health therapy includes secure videoconferencing, emails, telephone conversations, and education using interactive audio, video, or data communications. Telemental health therapy with CTS will occur primarily through Therapy Assistance Online through the Zoom video platform and may involve phone conversations and/or brief email exchanges limited to scheduling and sharing informed consent documents.

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

1. I have the right to withhold or withdraw consent for telemental health services at any time. In some instances when meeting at a physical location is not possible, my provider may need to refer me to another community mental health provider who can appropriately provide me mental health services.
2. I have the right to access my medical information and copies of my medical records in accordance with HIPAA privacy rules and applicable state law.
3. The use of telemental health therapy is subject to the discretion of a CTS mental health provider and based upon the assessment of a student's clinical needs.
4. For a student to receive telemental health therapy, they must be physically located in a state where the provider is licensed (i.e., Texas). Telemental health therapy services are furnished in the state of Texas (USA), and the services provided are governed by the laws of that state, with the exception for crisis consultations or sessions. Telemental health services cannot be provided in international jurisdictions or across state lines.
5. Telemental health therapy appointments occur at the times agreed upon between me and my provider. If I miss my scheduled appointment, I must contact my provider or the CTS main office on my campus in order to reschedule at 940-565-2741, and press #2.
6. Telemental health therapy cannot be provided to students who are minors, unless this consent form is also signed by a parent or guardian.
7. Unless I explicitly provide agreement otherwise, telemental health therapy exchanges are strictly confidential. Any information I choose to share with my therapist will be held in the strictest confidence. My private information will not be released unless required to do so by law.

I understand that:

1. The laws that protect the confidentiality of my personal information and clinical treatment record also apply to telemental health therapy. As such, I understand that the information disclosed by me during the course of telemental health therapy sessions is generally confidential. However, there are exceptions to confidentiality, including, but not limited to:
 - a. If a licensed counselor or other mental health professional determines that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose confidential mental health information to medical or law enforcement personnel. If further assessment is recommended, transportation to Denton County MHMR or a local behavioral hospital may be necessary. In order to facilitate this assessment, UNT police may be asked to provide this transportation. When the UNT police provide transportation, a CTS counselor may accompany you to the assessment location.
 - b. The state of Texas mandates that any person who knows or suspects that a child, an elderly person, or a disabled person is in danger of being physically, emotionally, or sexually abused must report such abuse or suspected abuse to the proper authorities. Therapists are also required to report suspected sexual exploitation of therapy clients by therapists.
 - c. In Texas, confidentiality does not extend to criminal proceedings or to legitimate subpoenas from a judge in civil proceedings. If a court subpoenas therapy records, CTS is required to provide the information requested.
 - d. I understand that in accordance with Senate Bill 212, as of January 1, 2020, when a clinician at CTS becomes aware of an instance of sexual violence, sexual harassment, dating violence (which includes any intimate partner violence), and/or stalking that has occurred since becoming a UNT student, CTS is required to share with the UNT Title IX Office that an instance has occurred. We are only required to share that we are aware that an instance of sexual violence, sexual harassment, dating violence, or stalking has occurred. We are not required to share any other information. Therefore, we will not share your name or any other identifying information about you unless you provide written permission and request we do so.
 - e. The client is a minor and consent is requested of their parent or guardian.
2. I understand that there are risks and consequences from telemental health therapy, including, but not limited to:
 - a. The possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.
 - b. Another risk is that I may experience loss of confidentiality due to factors from the surrounding environment in which I chose to participate in telemental health therapy. I am strongly encouraged to ensure that no one else is in the room, not to participate in conversations while on speaker phone, and not to participate in conversations in a public space.
 - c. In addition, I understand that telemental health therapy may not be as complete as face-to-face services.
 - d. I also understand that if my CTS mental health provider believes I would be better served by another form of intervention, I will be referred to a mental health professional who can provide such services in my area.

3. I may benefit from telemental health therapy but results cannot be guaranteed or assured.
4. If I am having suicidal thoughts or making plans to harm myself, I may also call Counseling and Testing Services at 940-565-2741 and press 1 to be connected to a live crisis counselor or call the National Suicide Prevention Lifeline at 1- 800-273-TALK (8255) for free 24 hour hotline support.

By signing this document I agree that:

1. I will be responsible for providing the computer and/or necessary telecommunications equipment and internet access for my telemental health therapy sessions.
2. I will be responsible for arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy sessions.
3. I will work with my therapist to identify an alternative communication method (most often phone) in the event that the videoconferencing tool fails.
4. I will NOT record any of my telemental health therapy sessions or interactions.
5. I will be dressed as if I were attending an in-person face to face session.
6. If I am physically located outside of the state in which my therapist is licensed, I will immediately notify my therapist.

Certain situations including emergencies and crises are inappropriate for telemental health therapy services. I understand and accept that teletherapy does not provide emergency services. If I am experiencing an emergency, the protocol would be to call 911 or proceed to the nearest hospital emergency room for help.

- a. If I am in crisis or in an emergency I should immediately seek help from a hospital or crisis oriented health care facility in my immediate area or call an appropriate hotline:

- | | |
|---|-----------------------------|
| • UNT CTS | 940-565-2741, then press #1 |
| • 911 | |
| • Suicide and Crisis Lifeline | 988 |
| • Dallas Suicide and Crisis Center | 214-828-1000 |
| • Denton County Crisis Line | 800-762-0157 |
| • Fort Worth/Tarrant County Crisis Line | 817-335-3022 |
| • Houston/Harris County Crisis Line | 866-970-4770 |
| • Grayson/Cooke/County Crisis Line | 877-277-2226 |
| • Crisis Text Line | Text HOME to 741741 |

- b. I understand that emergency situations include: if I have thoughts about hurting or killing either another person or myself, if I have hallucinations, if I am in a life threatening or emergency situation of any kind, having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.
- c. I acknowledge that I have been told that if I feel suicidal, I am to call 911 or other crisis numbers.

I have read and understand the information provided above. I understand that if I have any questions I am free to discuss them with my CTS provider.

We hope your telemental health experience with CTS is a positive one. If at any time you have any questions or concerns about your experience, please feel free to contact the UNT CTS Director or her designee at 940-565-2741.