

Sul Ross State University: Faculty/Staff Telehealth Services Informed Consent

To engage in Telehealth counseling through Sul Ross State University's Counseling & Accessibility Services, please read the following; initial each line (1-10), and complete the signature and identifying information. This shows you accept the responsibility for the possible risks of Telehealth sessions, and that you will not hold SRSU or its staff liable should confidentiality be breached.

* The term "I" within the agreement below is the potential client who is requesting Telehealth Services (you) at this time.

* Please initial on each line to show agreement. Sign and date at the bottom, then either photograph the pages or scan them, and return them to rebecca.wren@sulross.edu or danielle.pertuso@sulross.edu

____ 1. I am requesting Telehealth services through SRSU's Counseling & Accessibility Services.

____ 2. I understand that although I am agreeing to these terms, I have the right to withhold or withdraw my consent to Telehealth services any time, and that in doing so I will not be affected to future care or treatment. I can revoke my consent by email (to rebecca.wren@sulross.edu or danielle.pertuso@sulross.edu) or telephone call (432-837-8203).

____ 3. I understand that Telehealth platforms are not set up for emergency situations, such as suicide risks. I understand that if I am in crisis or feeling suicidal, these services are not available to me. I know that if I am in crisis I should contact one of the following numbers: local emergency at 9-1-1, the National Suicide Prevention Hotline at 800-273-8255, or my local community mental health agency (PermiaCare if in and around Alpine, at 432-837-3373).

____ 4. I agree to send a photograph of myself holding my SRSU ID up to my face, so to provide verification of who I am and that I am currently a Sul Ross State University employee. If I am an immediate, approved family member, my photograph is of me holding my SRSU employed family member's **SRSU ID** up to my face .

____ 5. I am qualified for the SRSU's Counseling & Accessibility Services and I am physically in the State of Texas while being provided counseling and communications with the SRSU counselor. I understand that I may only receive therapy in Texas, and I assure that if I travel to another state I must inform my counselor. I understand that if I am not physically located in Texas I will NOT be able to have counseling communication with my SRSU Counselor until I return to Texas.

____ 6. I understand and agree that I **cannot and will NOT record** my Telehealth (video, telephone, etc.) sessions, but I am free to take written notes.

____ 7. I understand it is my responsibility to assure that I am in a private location where no others can hear or see me in session.

____ 8. I understand that I will provide the names and phone numbers of two personal emergency contacts. I understand that these contacts will only be used for emergencies or unrecoverable digital interference (video, audio, or bandwidth loss). The emergency contacts listed below have given me consent to be my emergency contacts, and they are adults (preferably 21 years or older). I understand that these contacts can be called should I be in emotional crisis or suicidal:

a. Name of Contact Person #1 _____ Phone # of Person #1 _____

b. Name of Contact Person #2 _____ Phone # of Person #2 _____

___9. I understand that there are risks to confidentiality when using any electronic communication (such as, but not limited to: a cell phone, a landline phone, text message, sending or receiving email, engage in video therapy, or other electronic communications). When using any electronic device, I understand that there is a possibility of an unauthorized person to hack, listen, hear, or see our sessions, or read texts and emails. Because of the nature of electronics used, confidentiality cannot be guaranteed. Should confidentiality be broken, I will not hold my counselor, SRSU, and/or its staff liable. I fully accept responsibility for those risks mentioned above.

___10. I agree to the use of the following forms of electronic communications with my counselor or the Counseling & Accessibility Services staff (please check all to which you agree):

- ___ a. telephone
- ___ b. email
- ___ c. texting
- ___ d. faxing
- ___ e. sharing documents through attachments
- ___ f. video conferencing through Zoom
- ___ g. recommended online articles, websites, or Apps
- ___ h. video conferencing through alternate applications may not be HIPAA compliant. I will

inform the counselor during our first session of an alternate format (FaceTime, Skype, others), as well as contact information for that format.

SIGNATURE AND IDENTIFYING INFORMATION:

Client's/Patient's Name

Client's/Patient's Signature

Client's/Patient's SRSU A-#

Date

Rebecca Greathouse Wren, M.Ed., LPC-S

Counselor's Name

Counselor's Signature

Date

** Note to client/patient: If you are unable to return this form back completed (photographed or scanned), but are in agreement with all listed within, you may send it back, attached to an email stating that you have read the terms of this agreement, and you fully agree to the terms within. You will need to stipulate which forms of communication from item #10 that you agree with (from a. to h.). If all, then write back, "to #10, I agree to all forms of electronic communication."

You must also send a photograph of yourself holding your SRSU ID card up to your face (with a visible A# on the card). If the counseling is for an immediate, approved family member, have that person hold your SRSU ID up to their face. Once the Counseling & Accessibility Services Center receives both your completed Electronic Informed Consent Form and your photograph, a staff member will contact you and make your first appointment with your counselor. After the appointment has been made, and if this is your first visit with the counselor, you will then be sent a couple other forms to complete by your first session.

We look forward to helping you.