

WSU PSYCHOLOGY CLINIC ADDENDUM

Appendix A: WSU Telehealth Consent Form Informed Consent for Telemental Health Services

This Informed Consent for Telemental Health Services is an addendum to the standard consent for care agreement with the WSU Psychology Clinic. All aspects of our general WSU Psychology Clinic consent form (including the legally-mandated exceptions to confidentiality) remain in effect if you choose to receive telemental health services.

Telemental Health (TMH) refers to counseling services provided remotely using telecommunications technologies such as secure video conferencing or telephone. TMH Services are conducted and documented in a confidential manner according to applicable laws and professional and ethical standards consistent with in-person services.

One of the benefits of TMH is that the client and clinician can engage in services without being in the same physical location. A growing body of research indicates that TMH can be an effective mode of treatment with benefits similar to face-to-face-therapy. However, like any other form of treatment, the results of TMH cannot be guaranteed.

Please review the information below to help you make your decision regarding whether or not you (or your child) would like to consent to receive psychological services through TMH.

- Although we are using technology that has been approved for delivering secure telehealth services, there are some inherent risks to privacy and confidentiality anytime that technology is used. By consenting to TMH services, you are indicating that you understand that risk. Additional questions about this risk should be discussed with your clinician.
- As stated in our general consent form, we are a training clinic and our therapists are students enrolled in our doctoral clinical psychology program who are supervised in their work by licensed clinical psychologists. Students will conduct sessions from the clinic or in a few cases from their home in a private location using a secure WSU-owned computer. Faculty supervisors may choose to join a zoom session in silent mode to supervise your student clinician. Zoom TMH sessions will be recorded using the clinic's internal server and reviewed using the same technology that is used for in-person sessions in the Clinic.
- Clinicians will take steps to protect your privacy by ensuring that they have a private and secure space to conduct your session. You are responsible for taking steps to protect your privacy during sessions as well, including finding a space that is private, quiet, and minimizes distractions (e.g., turn off cell phones, close other programs on your computer).
- We will be using a "HIPAA compliant" version of Zoom, a cloud-based video conferencing tool for TMH sessions. Zoom requires the use of a browser but does not require any software download. However, you will need to set up a free Zoom account for your sessions. This can be done by visiting www.zoom.us.
- In order to use Zoom to receive TMH services with your provider, you will need access to Internet service. You are advised to use a secure internet connection. For best picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible. If you do choose to use Wi-Fi it is best to use one that is secure, private and password protected. It is not appropriate to use public or shared Wi-Fi. Headphones add additional security.
- Sessions could be disrupted, delayed, communications distorted, transmission quality could be poor due to technical failures, and/or telecommunication service availability or outages. You and your clinician will make plans at the onset of your TMH service through Zoom for how you will communicate if you experience technological problems (i.e., rescheduling times, checking in by phone).
- You will need to participate in making a plan for mental health crises, and medical emergencies. In addition to having your current phone number where you can be reached, before the start of each session, we will need to know the address of where you are physically located. Furthermore, your therapist will work with you to develop a safety plan, which includes identifying one or two emergency contacts in your area. You will need to provide

WSU PSYCHOLOGY CLINIC ADDENDUM

permission for your provider to communicate with these emergency contacts about your care should an emergency arise.

- You will be responsible for the costs of TMH services. You can pay for therapy sessions through our webpage (WSU Psychology Clinic | Washington State), by sending a check, or by calling the WSU Psychology Clinic during business hours, providing your credit card number.
- It is possible that receiving TMH services will not be an effective form of service delivery for you, and that you and your provider may have to cease TMH services for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with, communications technology; significant communications service disruptions; and/or need for more intensive services. In these cases, your clinician will suggest in-person services at the WSU Psychology Clinic or provide referrals to other providers or clinics in your area.
- You are only eligible for TMH services as long as you are physically located in the state of Washington or Idaho. State licensure laws prevent your clinician from being able to provide services if you are located in another state at the time of the session. If you anticipate that you will not be physically located in the state of Washington or Idaho during a planned session, you are responsible for letting your therapist know. Your therapist can provide you with referrals for continued services in your local area.
- Communication between TMH sessions is possible over the WSU Psychology Clinic's telephone at (509) 335-3587. Please leave a voice mail if you have questions. We will respond to your phone call in a timely manner. If you need to cancel your TMH session, please do so 24 hours in advance to avoid no-show fees.
- Zoom links for your TMH sessions will be embedded in an email sent to your email address from CHADIS.

I have been informed of and understand the risks and procedures involved with TMH services. I agree to the terms listed above and I hereby voluntarily consent to the use of videoconferencing technology for psychological services with my provider. I agree that the WSU Psychology Clinic should not be held liable in the event that any outside party passes technology security safeguards and accesses personal or confidential information. This consent will last for the duration of the relationship with this clinic; I can withdraw my consent for psychological services at any time, and the WSU Psychology Clinic will work with me to find a suitable alternative.

If you understand and consent to the risks and policies detailed above for TMH services, you can initiate these services with your clinician by typing your name or the child patient's name and date of birth, and parent/guardians' name, if applicable, as well as the date below.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Signature of Patient or Parent/Guardian: _____ Date: _____

Signature of Provider: _____ Date: _____