

ISU-POCATELLO COUNSELING CLINIC
Department of Counseling
1400 E. Terry Dr., Bldg. 68, Pocatello, ID 83209
(208) 240-1609

Client Information and Informed Consent for Telemental Health

This document is an addendum to the Pocatello Counseling Clinic (PCC) Client Information and Informed Consent and does not replace it. All aspects of informed consent for treatment in this document apply to telemental health (TMH) treatment. TMH refers to counseling sessions that occur via phone or videoconference using a variety of technologies. TMH is offered to improve access to counseling services to community members and ISU students when significant barriers of travel to the Counseling Clinic for counseling services exist. However, the results of TMH cannot be guaranteed or assured. You are not required to use TMH and have the right to request other service options or withdraw this consent at any time without affecting your right to future care or treatment at the PCC. TMH services may not be appropriate, or the best choice of service 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; or need for more intensive services. In these cases, your counselor will help you establish referrals to other appropriate services.

TMH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- Sessions could be disrupted, delayed, or communications distorted due to technical failures.
- TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Your counselor may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or TMH presents barriers to treatment.
- In rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons.

ISU Pocatello Counseling Clinic staff works to reduce these risks by only using secure videoconferencing software and these policies and procedures:

- When at all possible, you will have an initial intake session over the phone, via videoconferencing by appointment, or in some rare instances, in person with a clinic staff supervisor to determine your needs and whether TMH is an appropriate service.
- Except in the case of an emergency, you may only engage in sessions when you are physically in Idaho. You will be asked to verify your location at each session.
- You and your counselor will engage in sessions only from a private location where you will not be overheard or interrupted.
- You will ensure that the computer or device you use has updated operating and anti-virus software.
- TMH sessions will be recorded only with your written consent; this is to ensure client care and to provide appropriate supervision and training to our counselors-in-training in the PCC.
- You will provide contact information for at least one emergency contact in your location who PCC staff may contact if you are in crisis and your counselor is unable to reach you.

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. Make sure that PCC staff has a correct phone number at which you can be reached, and have your phone with you at session times. If you are unable to connect, or get disconnected, please try to connect again and if problems continue call the PCC directly at 208-240-1609. Email will be used to initiate video counseling sessions. Email is not a confidential method of communication, and your counselor may not access or respond to emails quickly. If you choose to contact the Pocatello Counseling Clinic by email, do not include private information, and do not expect a prompt response. Email is not checked outside of business hours. If you need to reach your clinician between sessions, you may call the PCC office during business hours. Client communications may be viewed by other staff at PCC. E-mail communications will be stored electronically as treatment records. If we believe you are in crisis and we are unable to contact you, we may call your emergency contact or local emergency services providers.

Pocatello Counseling Clinic staff will not interact with clients via social media. Any social media presence by PCC or staff members will not be continuously monitored and will not be utilized as a means of communication between client and clinician. In addition, PCC staff will not utilize text messaging, instant messaging, Snapchat, or similar communications to interact with clients.

Services provided at the PCC are done so at a reduced cost to community members (\$20.00 for individual session and \$30.00 for couple/family session) and are free to ISU students enrolled in the current semester. ISU and PCC are not responsible for any costs incurred for TMH (data, roaming charges, internet or cell phone fees, etc.). ISU and PCC are not responsible for costs incurred for services outside of PCC, such as for external referrals or additional supports that may be recommended.

It is your responsibility to notify PCC staff at the time of scheduling if you are in a different time zone than Mountain Time (MST or MDT depending on time of year).

The PCC office will be closed during all ISU closures, including but not limited to holidays and weather. PCC staff will not be available at these times and emergency resources should be utilized as needed.

If you are experiencing a mental health crisis or emergency you agree to at least one of the following: call the suicide hotline (1-800-273-8255), go to the nearest emergency room or crisis mental health agency, or call 911.

If you have any questions or are not sure that you are clear about any of these policies, please discuss it with your clinician. A copy of this consent form is available to you upon your request.

I (print name) _____ have read and understand the above information, all of my questions have been answered, and I agree to the practices noted above. I hereby give informed consent to use Telemental Health in my care.

Client Signature

Date

Emergency Contact Name

Relationship to Client

Phone Number