

**Counseling and Psychological Services (CAPS)**

Veitch Student Center, North Wing

900 University Avenue

Riverside, CA 92521

CAPS CONSENT FOR TELEMENTAL HEALTH ADDENDUM

This document is an addendum to the Counseling and Psychological Services (CAPS) Informed Consent form and does not replace it. All aspects of informed consent for treatment in that document apply to telemental health (TMH) treatment.

In California, “Telehealth” is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a client’s health care while the patient and provider are at two different sites.

This form of service usually consists of telephone or live videoconferencing through a private computer with a webcam. TMH is currently being offered to allow access to counseling services at CAPS while the campus community is encouraging social distancing. This mode of counseling will not be offered as an on-going service. You are not required to use TMH and have the right to withhold or withdraw consent at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any benefits to which you would otherwise be entitled.

**I understand the following potential risks, consequences, and limitations of telemental health:**

* TMH 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 confidential information could be accessed by unauthorized persons.
* The most reliable backup if there is technology failure is a phone. Therefore, it is recommended that you always have a phone available and that your provider knows your phone number. Please indicate this phone number at the bottom of this consent.

**Emergency Contact**

In case of an emergency, students can call the main clinic phone number at (951) 827-5531 and listen to the instructions to speak with a mental health provider (will be instructed to push option 1).

If you are in immediate danger, please call 911 or go to the nearest emergency room. Please notify CAPS after any emergency room visits.

So that your provider is able to get you help in the case of an emergency and for your safety, the following are important and necessary:

* You must inform your provider of the location in which you will consistently be at during sessions, and inform them if this location changes.
* It is important to know that if your clinician has reason to believe you pose an imminent threat to yourself or another person they may suggest a higher level of care. If you refuse or are unable to participate in your own safety planning or if the call is terminated and you cannot be reached the clinician may need to contact the police to initiate a welfare check to ensure your safety.
* You must identify on this form a person who can be contacted in the event that your provider believes your safety is at risk.

**When receiving telemental health, it is also required that you:**

* Only engage in sessions when you are physically in California. Your provider will confirm this at each session.
* Engage in sessions only from a private location where you will not be overheard or interrupted, and never while operating a vehicle.
* Ensure that the private computer or device you use has updated operating and anti-virus software.
* Do not record any sessions, nor will CAPS record your sessions without your written consent.
* Wear the same attire that you would normally wear to an in-person appointment.

By signing this consent form you are acknowledging that you have read the information provided above. You have had the opportunity to discuss it with a provider, and that all of your questions have been answered to your satisfaction.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_