



Cowell Center - Counseling and Psychological Services (CAPS) CONSENT FOR TELEPSYCHOLOGY/TELEPSYCHIATRY TREATMENT

Client Name: _____ Client Student ID #: _____ Date of Birth: _____

Address where Client Will Be during TPT: _____ Cell Phone #: _____

This document is only an addendum to the “SCU Consent for Counseling and Psychological Services” and does not replace it. All aspects of informed consent for treatment in that document apply to this Consent for Telepsychology/Telepsychiatry Treatment (TPT). TPT refers to individual/group sessions and psychiatric services that occur via phone or videoconference using a variety of technologies. These services may also include prescribing medication, scheduling appointments, communicating electronically, providing case management services and educational materials. TPT is offered to improve access to treatment services to registered SCU students when significant barriers to access counseling services exist and to preserve continuity of care. The results of TPT cannot be guaranteed or assured. You are not required to use TPT and have the right to request other service options or withdraw this consent at any time without affecting your right to future treatment at SCU CAPS.

TPT 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 such as substance abuse, severe eating disorders, psychosis or recent psychiatric hospitalization.

In these cases, your clinician and/or the Cowell Center Case Manager will help you establish referrals to other appropriate services.

TPT services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. However, there are additional risks including, but not limited to:

- Sessions, evaluations or treatments could be disrupted, delayed, or communications distorted due to technical issues.
- TPT involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Difficulties in accessing all necessary medical information can result in errors in adverse drug interactions, allergic reactions, and other errors in clinical judgment.
- Your clinician may determine TPT is not an appropriate treatment option or stop TPT treatment at any time if your condition changes or TPT presents barriers to treatment.
- In rare cases, security protocols could fail and your confidential information could be accessed by unauthorized persons.

SCU CAPS will reduce these risks by using secure Zoom videoconferencing software and these policies and procedures:

- You may only engage in sessions when you are physically in California. Your clinician will confirm this at each session.
 - *There is an exception for case management sessions to assist in obtaining out-of-state services and resources.*
- You may be requested to conduct in person face-to-face evaluations, physical tests, or labs.
- You and your clinician will engage in sessions only from a private location where you will not be overheard or interrupted.
- You will use your own computer/device and ensure that the computer/device has updated operating and anti-virus software.
- You will use a secure internet connection rather than a public, free, or unsecure Wi-Fi connection.
- You will not record any sessions, nor will SCU CAPS record your sessions without your written consent.
- You will discuss any concerns about TPT sessions with your clinician.
- You will give your clinician a correct phone number where you can be reached which you will have during session times. If you are having videoconferencing technical problems, please try again. If it continues, your clinician will contact you by phone.
- You will only communicate with your clinician through the Cowell Center Portal between appointments.
- You understand that phone communication may not be secure and email communications are not a confidential method of communication and will be stored as treatment records.
- You will provide contact information for at least one **emergency contact in your location** who SCU CAPS may contact if you are in crisis and your clinician is unable to reach you:

Emergency Contact Name: _____ Phone: _____ Relationship: _____

SCU CAPS cannot provide 24-hour emergency management, particularly to those using services at a distance. If we believe you are in crisis and we are unable to reach you, we may call your emergency contact or local emergency service providers. If you are ever experiencing an emergency or mental health crisis, please do not contact your clinician via the Cowell Center Portal, e-mail, faxes, text messages, and you agree to:

- Call the National Suicide Prevention Hotline: 800-273-8255 (24 hours)
- Contact the crisis text line: <https://www.crisistextline.org/> text HOME to 741741 (24 hours)
- Call 911, or go to the nearest emergency room

I have read and understand the above information and all my questions have been answered. I hereby give informed consent to CAPS to use Telepsychology Treatment in my care.

Signature of Client: _____ Date: _____