



In order to ensure ethical and quality care, please read this Telebehavioral Health Services Informed Consent form carefully before your online or telephone appointment. You will have an opportunity to ask your provider any questions about this appointment format and give your verbal consent prior to starting your appointment. Please read to the bottom and follow the instructions for providing electronic written consent to your provider.

1. I understand that my mental health care provider has invited me to engage in a telebehavioral health visit via Zoom, a secure video conferencing platform that is HIPAA compliant. Telebehavioral health includes secure videoconferencing, telephone conversations, and education using interactive audio, video, or data communications.

2. I understand there are potential risks to this format, including:

- (1) unexpected interruptions
- (2) unauthorized access
- (3) technical difficulties
- (4) some individuals may find remote visits less satisfying
- (5) remote visits are insufficient for high risk individuals and emergency situations

3. I understand that there are potential benefits to this format, and these include:

- (1) convenience
- (2) flexibility
- (3) health-conscious
- (4) the same benefits of treatment on my original consent for treatment: reduction of symptoms, improved quality of life, emotional well-being, and improved academic performance. There is no guaranteed outcome.

4. I understand that I have the following alternatives to a telebehavioral health visit:

- (1) a list of self-help resources
- (2) list of community providers
- (3) an in-person visit at CAPS, if feasible

#### **5. Eligibility.**

I understand that I am only eligible for counseling visits if I am physically in the state of Arizona, due to state licensing requirements. If I am out of the state of Arizona, I can receive a brief consultation visit (to check in, obtain guidance about resources, etc.). I also understand that psychiatric services may be provided across state lines for medication management but some prescriptions for controlled substances cannot be filled across state lines.

#### **6. Confidentiality.**

Confidentiality still applies for telebehavioral health services. Neither myself nor my provider will be recording any of my visits. It is important that we avoid the use of public/free Wifi.

#### **7. Consent for minors.**

If I am under the age of 18, CAPS will need the written permission of my parent or legal guardian (and their contact information) for me to participate in this format.

#### **8. Required Information.**

Prior to my first visit, I will provide to my provider at least one emergency contact and their phone number in the event my provider is concerned about my imminent safety and is not able to reach me. If my provider is unable to reach my emergency contact and my provider continues to be concerned about my imminent safety, local police may be contacted to request a welfare check.

At the beginning of each video conference visit I may need to confirm my identity by showing my CATCard or other official photo identification. If contact is by telephone, I will confirm my name and student ID number.

#### **9. Emergency services.**

I understand and accept that teletherapy does not provide emergency services. If I am experiencing an imminent emergency, I understand that the protocol would be to call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I may also call the National Suicide Prevention Lifeline at 1- 800-273-TALK (8255) for free 24 hour hotline support. If it is after CAPS business hours I may choose to call either of the CAPS front desk numbers and press 1 to talk to an after hours counselor for support (CAPS Main 520-621-3334 or CAPS North 520-626-3100).

#### **10. Accountability.**

If I need to cancel or change my appointment I will do so by 4pm the day before to avoid a late fee.

Timeliness is important. I understand that I am recommended to log on to the website 5-10 minutes prior to a scheduled appointment to manage any technical difficulties. I understand that if I am not present in the Zoom online meeting by 5 minutes after the scheduled start of the visit, my provider will be contacting me by telephone.

Counseling visits can be scheduled by calling CAPS front desk at Main 520-621-3334 or North 520-626-3100.

Psychiatry visits can be scheduled by calling 520-621-2379 or one of the front desks.

Followup visits may also be scheduled directly with my provider at the end of one visit to schedule for the next one.

#### **10. Substance Use.**

Consumption of alcoholic beverages or use of illicit drugs during my sessions is not permitted. My session will be terminated if I am under the influence of alcohol or drugs.

#### **11. Attire.**

I will dress as if the session were in-person.

#### **12. Venue.**

I will select a location for my sessions that is quiet, private and sufficiently well lit to allow my provider to easily see my face during the visit.

#### **13. Connectivity.**

I am aware that I must have access to a webcam and microphone via a computer, tablet or smart phone. I am aware that sometimes technology fails to perform to an appropriate standard. If provider is unable to reach me by video within the first few minutes of a scheduled session or loses connectivity during a visit, he or she will call me on the designated back up phone number that is on file. I understand that my provider or I can discontinue the telebehavioral health visit if they determine that the videoconferencing connections are not adequate for my situation.

#### **16. Other participants.**

I understand that I will need to notify my provider in advance if I plan to include the presence of another individual in the visit. I and my provider will have the right to request the following:

- (1) omit specific details in discussion of topics that are personally sensitive to me
- (2) ask the individual joining the visit to leave if they are disruptive or not conducive to the effectiveness of the visit
- (3) terminate the visit at any time

#### **17. Billing.**

I understand that billing will occur for any billable services provided. This will automatically be added to my Bursar account, however, if I would like to pay by credit card I may call 520-621-3334.

18. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. The CAPS and CHS staff handling scheduling and billing will all maintain confidentiality of the information obtained.

19. **Questions.** I understand that I can ask my provider any questions about the using this format for my visits. I can do this by secure messaging via PatientLink, by phone, or in a secure video conference visit on Zoom. Afterwards, I may provide verbal consent prior by phone or videoconference prior to proceeding with my visit.

To verify your consent to participate in telebehavioral health services at CAPS/CHS, please send your provider a **secure message via PatientLink** with the following statements:

I agree:

-I have read or had the Telebehavioral Health Services Consent Form explained to me.

-I fully understand its contents including the risks and benefits of the service.

-I have been given the opportunity to ask questions and that any questions have been answered to my satisfaction.

[type your full name here]

[type the date]