

INFORMED CONSENT FOR TELEHEALTH COUNSELING VIA BENEDICTINE COLLEGE COUNSELING SERVICES

Telehealth Counseling Option Contingency Plan

Reports of the increasing number of confirmed cases of COVID-19, cancellations of major events and closures of colleges throughout the country have clients concerned. This notice outlines our Benedictine College Counseling Services contingency plan, enabling access to counseling even if you are unable to meet your counselor in the office.

Counseling Services providers want to assure students of our ongoing availability.

Telehealth Option

Counseling Services will provide a secure, HIPAA-compliant platform for telehealth sessions through Doxy.me. The software enables you to continue receiving counseling services with your provider in a manner similar “Face-Timed” or Skype, only with the provision of the highest level of security to better protect your privacy. When conducting scheduled telehealth counseling, you will be responsible for securing a comfortable, private space to converse with your counselor while they communicate with you from a secure, private location.

No client will be required to participate in telehealth counseling, though in certain circumstances this might be the only option available through Benedictine College Counseling Services. If you are located beyond the State of Kansas, in which all of our providers hold a clinical license, your provider will work with you and determine if he or she is able to continue providing services for your specific location. Each state licensing board has different regulations and our providers must be in compliance with both the State of Kansas and the state in which you are located while the telehealth service is provided. Should this circumstance prohibit your continuation of counseling with your current counselor, please note that our providers will be able to help you transition to a new provider and offer to utilize multiple vast networks of therapists throughout the country (including memberships with the American College Counseling Association, Psychology Today and the Catholic Psychotherapy Association) to assist with providing optimal referrals for your specific counseling concerns and location.

In order to utilize telehealth, your counselor will need for you to review and *entirely complete* documents for Consent for telehealth services and the emergency protocol for telehealth.

CONSENT FOR TELEHEALTH CONSULTATION & COUNSELING SERVICES

1. I understand that my counselor may wish for me to engage in a telehealth consultation and/or telehealth counseling session. 2. My counselor explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/counselor session due to the fact that I will not be in the same room as my provider. 3. I understand that a telehealth consultation/counseling session has potential benefits including easier access to care and the convenience of meeting from a private location of my choosing within the State of Kansas. 4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my counselor or I can discontinue the telehealth consult/session if it is felt that the videoconferencing connections are not adequate for the situation. 5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand. 6. I understand that if I am not in the State of Kansas or my counselor determines that telehealth counseling isn't a good option for my particular circumstances, my counselor will provide referrals and it is my responsibility to schedule appointments with a referral.

CONSENT TO USE THE TELEHEALTH BY DOXY.ME

Telehealth by Doxy.me is the technology service we will use to conduct telehealth counseling appointments. It is simple to use and you will receive directives from your counselor via email for connecting for your session before your scheduled appointment. By signing this document, I acknowledge: 1. Telehealth by Doxy.me or any other format is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911. 2. Though my counselor and I may be in direct, virtual contact through the Telehealth Service, neither Doxy.me nor the counseling service provides medical or healthcare services or advice including, but not limited to, emergency or urgent medical services. 3. The Telehealth by Doxy.me facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care. 4. I do not assume that my counselor has access to any or all of the technical information in the Doxy.me– or that such information is current, accurate or up-to-date. I will not rely on my counselor to have any of this information in the Telehealth session. I promise to have my copy of the Emergency Protocol accessible at all times. 5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. By signing this form, I certify: That I have read or had this form read and/or had this form explained to me. That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction. BY SIGNING THIS STATEMENT I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Student Signature

Date

Printed Student Name

Clearly Print Preferred Email Address for Receiving Doxy.me access notices and Phone Number

In Case of an Emergency

If you have a mental health emergency, you agree to not to wait for communication back from your counselor, but to do one or more of the following:

- Call _____
- Call _____
- Call _____
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice

Emergency procedures specific to Telehealth services

There are additional procedures that we need to have in place specific to Telehealth services. These are for your safety in case of an emergency and are as follows: You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, your counselor may determine that you need a higher level of care and Telehealth services are not appropriate. We require an Emergency Contact Person (ECP) whom we may contact on your behalf in a life-threatening emergency only. Please enter this person's name and contact information below. Either you or your counselor will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or your counselor determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand Benedictine College Counseling providers will only contact this individual in the extreme circumstances stated above.

Please list your ECP here:

Name: _____

Phone: _____

You agree to inform your counselor of the address where you are at the beginning of every session. You agree to inform your counselor of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency.

Please list this hospital and contact number here:

Hospital: _____

Phone: _____

You agree to list the nearest police department to your primary location that you prefer to go to in the event of an emergency.

Please list this police department and contact number here:

Name of Police Department: _____

Phone: _____