

## **Telecounseling Consent for Treatment**

My signature below signifies my consent to engaging in telecounseling with a counselor at the Tunxis Community College Counseling/Advising office, in accordance with the following expectations and guidelines.

### **What is telecounseling?**

1. “Telecounseling” includes the practice of education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making. Telecounseling may include brief solution-based counseling and consultation.
2. Telecounseling will occur primarily through interactive audio, video, telephone. Other forms of media are not used for telecounseling and will be used for scheduling purposes only. If one form of technology fails during the course of a telecounseling session, an alternate form of communication may be utilized by the counselor (ex. cell phone).
3. Telecounseling will only be offered during extenuated circumstances and is not considered a typical option of services provided by the Tunxis counselors.
4. Services delivered by my counselor are required by law to take place within the state in which my counselor is licensed, with the exception of crisis consultations or sessions, and telecounseling services may not be provided in international jurisdictions. If I am physically located outside of the state in which my counselor is licensed, I will immediately notify my counseling.

### **What are my rights in regards to telecounseling?**

1. I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, I have the option to request a referral to a local mental health provider.
2. The laws that protect the confidentiality of my personal information in a face-to-face counseling setting also apply to telecounseling. As such, the information disclosed by me during the course of my sessions is generally confidential. The dissemination of any personally identifiable images or information from the telecounseling interaction to other entities shall not occur without my written consent except in the case of mandatory or permissive exceptions to confidentiality. Such exceptions include, but are not limited to:
  - suspected child, elder, and/or dependent adult abuse;
  - expressed threat of violence towards an ascertainable victim;
  - expressed threat to harm or kill self; and
  - court subpoena
3. I have the option of the disclosure of records concerning the telecounseling interaction to my primary care provider. If I consent to such disclosure, the telecounseling provider will provide such records of telecounseling interactions to my primary care provider, in a timely manner.
4. I have a right to access my personal information and copies of case records in accordance with Federal and Connecticut law.
5. I agree not to record telecounseling sessions.

6. I agree to be dressed as if I were attending an in-person face-to-face session.

### **When is telecounseling appropriate?**

1. Receiving telecounseling services may not be advised if I have experienced any of the following:
  - recent suicide attempt(s), psychiatric hospitalization, or psychotic processing
  - moderate to severe major depression or bipolar disorder symptoms
  - moderate to severe alcohol or drug abuse
  - severe eating disorders
  - repeated “acute” crises (e.g., occurring once a month or more frequently)
2. I agree that certain situations, including emergencies and mental health crises, are inappropriate for audio/video/computer-based counseling services. These include:
  - thoughts of hurting or killing myself or another person;
  - hallucinations;
  - being in a life threatening or emergency of any kind;
  - having uncontrollable emotional reactions; and/or
  - being under the influence of alcohol or drugs.
3. I understand that my telecounseling counselor may not be available for contact between scheduled sessions. If I am in an emergency or crises situation (such as those listed above), I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area. If I am experiencing thoughts of suicide without a clear commitment to safety, I am to contact one of the following resources:
  - 911: Emergency Support Services
  - 211: Mental Health Support Line in Connecticut
  - National Suicide Prevention Lifeline: Call 1-800-273-8255 (or another suicide hotline)
  - Crisis Text Line: Text HOME to 741741

### **Are there risks involved?**

1. There are risks and consequences from telecounseling, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that:
  - the transmission of my personal information could be disrupted or distorted by technical failures;
  - the transmission of my personal information could be interrupted by unauthorized persons; and/or
  - the electronic storage of my personal information could be accessed by unauthorized persons.

2. Telecounseling may not be as complete as face-to-face services – additional research is needed on the long-term effects of counseling via telecounseling versus face-to-face treatment in order to better understand the benefits and limitations of telecounseling treatment. If my counselor believes I would be better served by another form of intervention (e.g. face-to-face services) I will be referred to a mental health professional who can provide such services in my area.
3. While I may benefit from telecounseling psychological counseling, results cannot be guaranteed or assured. There are potential risks and benefits associated with any form of counseling, and despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.
4. If I show signs of deterioration that indicate I may be in danger, I grant Tunxis Community College counseling staff permission to contact me by an alternate form of technology (such as phone) to verify my well-being. If I show indicators that I may be at serious risk for harm to self or others, I understand that counselor is required to contact emergency response personnel to ensure my safety.

I have read and understand the information provided above. By electronically signing this document I agree to follow these guidelines and expectations for telecounseling services through the Tunxis Community College Counseling/Advising office.

Printed name of client

Signature of Client

Date