



Psychological Services Clinic at UNC
serving the Greeley community for over 50 years

**McKee Hall Room 247, Campus Box 131
Greeley, CO 80639 (970) 351-1645**

ADDENDUM TO DISCLOSURE STATEMENT for TELEMENTAL HEALTH

Client's Name: _____ Date of Birth: _____

Counselor-in-Training (CIT): _____ Supervisor(s): _____

CIT's program/practicum level: _____ Supervisor's degrees/licenses: _____

Address where client will be during sessions: _____

This document is an addendum to the UNC PSC Client Rights Disclosure Statement and does not replace it. All aspects of informed consent for treatment in that document also apply to telemental health (TMH) services.

In Colorado, "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 patient's health care while the patient and provider are at two different sites. This form of service can consist of live phone or videoconferencing through a personal computer or cell phone. Telemental health (TMH) services are being offered temporarily to improve access to counseling services for PSC clients while we are experiencing significant barriers to providing such services in person.

You understand the following potential risks, consequences, and limitations of TMH:

- TMH should not be viewed as a substitute for face-to-face counseling or medication by a physician. It is an alternative form of counseling with certain limitations.
- TMH is relatively new, and therefore lacks research indicating that it is an effective means of receiving therapy.
- 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 our misunderstanding each other.
- TMH may have disruptions or delays in the services being provided due to quality of the technology used.
- In rare cases security protocols could fail, and your confidential information could be accessed by unauthorized persons.

You understand that you have the following rights with respect to TMH:

- 1) You have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which you otherwise would be entitled.
- 2) The same laws that protect the confidentiality of your medical information also apply to TMH.
- 3) You understand that the same laws that give you the right to access your medical information and copies of medical records in accordance with Colorado Laws/Statutes also apply to TMH.
- 4) You understand that your TMH sessions may be live-observed by a supervisor and/or other specific member(s) of the CIT's treatment team. However, you also understand that the dissemination of any

personally identifiable images or information from the TMH interaction to researchers or other entities shall not occur without your written consent.

When receiving TMH, it also is required that you:

- Engage in sessions only from a private location where you will not be overheard or interrupted.
- Use your own computer or device, one that is not publicly accessible.
- Ensure that the computer or device that you use has updated operating and anti-virus software.
- Do not record your sessions. (Please refer back to the PSC Client Rights Disclosure Statement for further information about our session recording policies and procedures.)

You understand the following backup plan in case of technology failure:

- If you get disconnected from an audio/phone TMH session, your CIT will call you back right away. Please answer their call back to you. If your CIT is unable to reach you directly within 10 minutes, you agree (unless you request otherwise) that your CIT or another PSC representative will reschedule your session for the following week on the same day and time.
- If you get disconnected from a video TMH session, please end and then reconnect to the session as you did initially. If you are unable to reconnect within five minutes, your CIT will call you at the phone number that you have provided to them and/or the PSC (unless you have requested otherwise). If your CIT is unable to reach you directly within 10 minutes, you agree (unless you request otherwise) that your CIT or another PSC representative will reschedule your session for the following week on the same day and time.

Urgent/Emergent Matters

- TMH is not an “on demand” service, and the PSC (including your CIT) is unable to respond to urgent and/or emergent matters outside of your scheduled sessions. Please see the PSC Client Rights Disclosure Statement that you were provided for further information in that regard. However, if you do need to relay information to your CIT between TMH sessions (e.g., scheduling matters), you may contact our office at 970-351-1645 and leave a message for your CIT. Our staff will relay the message to your CIT and their supervisor(s) within one business day.
- If you are ever experiencing an emergency, including a mental health crisis, please call 911, the CO Crisis Services/Suicide Prevention LifeLine at (844) 493-TALK (8255), the National Suicide Prevention Lifeline at 1-800-273-8255, or go to your nearest emergency room.
- So that your CIT is able to get you help in the case of an emergency and for your safety, the following are important and necessary. By signing this agreement form, you are acknowledging that you understand and agree to the following:
 - You must inform your CIT of the address at which you consistently will be during sessions.
 - You must inform your CIT if this location changes.
 - Your CIT may need to contact local law enforcement or 911 in the event of an emergency during your session, and you may be transported to a hospital if your CIT or local law enforcement deem it necessary. In addition, your CIT may require that you create a safe environment at your location during the entire time that you are in treatment. This may include but may not be limited to disposing of all firearms and excess medication from your location.

I (client) have read and understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction.

Client Signature/Legal Representative

Date

Counselor(s)-in-Training

Date