



Supplemental Informed Consent and Professional Practices for Teletherapy Sessions Integrated Behavioral Health, Student Health Services

This Notice is intended to provide general information about teletherapy services provided by Texas A&M University, Student Health Services, Integrated Behavioral Health (IBH). "Teletherapy" may include secure videoconferencing, telephone conversations, and/or psychoeducation using interactive audio, video, or data communications. This Notice is an addendum to the standard IBH Informed Consent document. Please take time to read, understand the form, and initial each section. If you have any questions about this document, please ask our staff.

Confidentiality

No information about counseling will be released outside of IBH to anyone without a client's written authorization (or their legal guardian's), aside from the limitations outlined in the standard IBH Informed consent document, in accordance with the Texas Health and Safety Code, Chapter 611. While teletherapy sessions are conducted through secure and private phone calls and/or videoconferencing, there are additional risks with teletherapy services. These include but are not limited to:

- The possibility that the transmission of medical information could be disrupted or distorted by technical failures
- The transmission of information could be intercepted by unauthorized persons

Location

CAPS will verify the physical location and phone number of each client at the beginning of every session. Students must notify the therapist immediately if they are located outside of Texas. IBH mental health providers are not able to provide teletherapy services outside of the State of Texas unless they hold licensure within that state jurisdiction. If the student is calling from outside the State of Texas, the IBH mental health provider will assist the student in identifying community mental health providers.

It is the student's responsibility to use a location with sufficient lighting and privacy that is free from distractions and intrusions.

Physical address where you will be located for teletherapy sessions:

(Street Address) (City) (State) (Zip Code)

Phone number where you can be reached:

**Please note that calls may come from a number with blocked caller ID. Students are responsible for ensuring their device is able to receive such calls.



Technology

Students utilizing teletherapy services are responsible for providing the smartphone, computer and/or other telecommunications equipment necessary for teletherapy sessions, including adequate internet quality. Students must also be comfortable with the use of such technology and it is their responsibility to notify the mental health provider if they are not comfortable with the technology used. Teletherapy involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another. Teletherapy sessions could be disrupted, delayed, or communications distorted due to technical failures. If the session disconnects, counselors will attempt to troubleshoot any issues and complete the session. It is IBH departmental policy that recordings of appointments are not allowed without prior approval of the IBH counselor. IBH mental health providers will not record consultation/counseling sessions.

Licensee Information

License numbers for individual counselors are located on the Meet Our Staff page of the Student Health Services website <https://shs.tamu.edu/staff/medical/>. To verify licensure status of each therapist, access the public directory located <https://vo.licensing.hpc.texas.gov/datamart/searchByName.do>

Emergency Services

IBH does not provide emergency mental health services before 8:00 a.m. or after 5:00 p.m. Students should contact 911 or go to their nearest emergency room. They may also contact local individuals/agencies designated for crisis intervention.

I acknowledge that if I am facing or if I think I am facing an emergency situation that could result in harm to me or another person, I should not seek a telehealth behavioral consultation. Instead, I agree to seek care immediately through a health care practitioner that can meet with me in-person or at the nearest hospital emergency room or call 911.

It is required for IBH to have permission to access your emergency contacts in the event of an emergency and/or immediate threat to safety. Please identify who IBH has permission to contact:

- A primary local contact such as a parent or partner

Name: _____ Relationship: _____

Phone: _____

- A secondary local contact such as a Texas A&M professional or personal physician

Name: _____ Relationship: _____

Phone: _____



The office or agency that does crisis well-being checks in your community (typically a 24-hour crisis service, the police department, and/or 911)

Crisis response: _____

_____ **Discontinuing Care**

I understand that at any time the telehealth consultation/counseling can be discontinued either by me, my designee or by my mental health practitioner.

I understand that telehealth consultation/counseling does not necessarily eliminate the need to see a mental health provider in-person. If my telehealth mental health provider believes there is a need for in-person services, my telehealth provider will give to me a referral list naming mental health professionals who could see me in person.

Failure to follow through on in-person services could result in contacting police per limits of confidentiality indicated on the IBH Informed Consent document. Police or emergency personnel may be contacted without permission when imminent danger to self or others is assessed.

ACKNOWLEDGMENT: I certify that I have read, understand and agree to abide by the information, terms, and conditions contained in this Notice document.

Name UIN Date