

Connecticut College Student Counseling and Health Services

Informed Consent for Remote Services

My signature below signifies my consent to engaging in remote health/mental health consultations with a provider at Student Counseling and/or Health Services (SCS/SHS) as a student of Connecticut College in accordance with the following expectations and guidelines:

1. Remote consultations will occur through the online meeting and conferencing application, WebEx. If for any reason the WebEx application fails or experiences service disruption, the counselor may utilize an alternate form of communication (e.g., phone). 2. SCS/SHS providers are licensed to practice in the state of Connecticut. For that reason, both the provider and the client must be physically in Connecticut in order to engage in routine therapy. Thus, only CT resident students and/or students continuing to reside on campus while the campus pandemic plan is in place may be provided on-going remote or routine in-person mental/healthcare by SCS/SHS. Remote consultations (which differ from typical in-person or telehealth sessions) may be provided to students who fall outside of the jurisdiction of Connecticut. This consent form pertains to remote consultative services. 3. If I am physically located outside of Connecticut, I MUST inform my provider immediately. 4. The laws that protect the confidentiality of my personal information in a face-to-face setting also apply to remote consultative services. As such, the information that I disclose during remote consultations is generally confidential. The dissemination of any personally identifiable images or information from the remote consultations 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
 - Court subpoena
5. There are risks and consequences associated with engaging in remote services, including but not limited to, the possibility, despite reasonable efforts on part of the SCS/SHS provider 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 assessed by unauthorized persons 6. I agree NOT to record remote health consultations. 7. I agree to be dressed as if I were attending an in-person, face-to-face session. 8. I have a right to withhold or withdraw my consent at any time.

■ If I do, the remote consultation appointment will end immediately. 9. I have a right to access my personal information and copies of case records in accordance

with Federal and Connecticut law. 10. *My consent to remote services includes the identification of two local (or on-site) collaborators who can be reached by the SCS/SHS provider if there is any concern for my physical or emotional well-being. Such collaborators may be called upon to contact me or to alert local authorities in an emergency situation. The collaborators whom I identify for this purpose, with accompanying consent for my SCS/SHS provider to contact one or both of these collaborators if indicated for your safety and well-being, are as follows:*

■ *Name:* _____

■ *Relationship:* _____

■ *Contact Number:* _____

■ *Email Address:* _____

■ *Name:* _____

■ *Relationship:* _____

■ *Contact Number:* _____

■ *Email Address:* _____

11. If I choose to change one or both collaborators listed above, or if applicable contact information changes, I will inform my SCS/SHS provider and request to sign a new informed consent form. 12. If I show signs of deterioration that indicate I may be in danger, I grant SCS/SHS staff permission to contact me by an alternate form of technology (such as phone) and/or contact my collaborator(s) listed above to verify my well-being. If I show indicators that I may be at serious risk for harm to self or other, I understand that SCS/SHS is required to contact campus staff and/or emergency response personnel to ensure my safety. 13. By signing this document, I agree that certain situations including emergencies and crises are inappropriate for remote services.

■ If I am in crisis or in an emergency I should immediately call 9-1-1 or seek help from a hospital or crisis oriented health care facility in my immediate area. I understand that emergency situations include if I have thought about hurting or

killing either another person or myself, if I have hallucinations, if I am in a life threatening or emergency situation of any kind, having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.

- I acknowledge that I have been told that if I feel suicidal, I am to call 911 or the National Suicide Toll-Free number at 1-800-784-2433 or other local suicide hotlines.

I have read and understand the information provided above. By signing this document I agree to follow these guidelines and expectations for remote services through Student Counseling Services/Student Health Services.

Printed name of Client _____

Signature of Client _____

Date _____