

**Informed Consent to Telemental Health**

**Client name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location client will be for sessions:** \_\_\_\_\_

**Emergency contact #1 (Local to your session location):**

\_\_\_\_\_  
 (Name) (Relationship)

\_\_\_\_\_  
 (Address) (Phone)

**Emergency contact #2:**

\_\_\_\_\_  
 (Name) (Relationship)

\_\_\_\_\_  
 (Address) (Phone)

This document is an addendum to the RIT Counseling and Psychological Services (CaPS) standard informed consent and does not replace it. All aspects of informed consent in that document apply to telemental health (TMH) services. TMH refers to counseling sessions and other services that occur via interactive audio or video conference using a variety of technologies. TMH is offered to improve access to counseling services to RIT students when significant barriers to in-person treatment or services exist.

TMH services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with, communications technology; significant communications service disruptions; or need for more intensive services. In these cases, your counselor will help you establish referrals to other appropriate services.

**TMH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:**

- Sessions could be disrupted, delayed, or communications distorted due to technical failures.
- TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- 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.
- Your counselor may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or TMH presents barriers to treatment. TMH may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts.
- In rare cases, security protocols could be breached and your confidential information could be accessed by unauthorized persons.

**In order to reduce these risks, CaPS uses video conferencing software and has established the following TMH requirements and procedures:**

- You may only engage in routine TMH sessions when you are physically in New York State. Your counselor will confirm this each session. If you are out-of-state, your counselor will have to limit services to referral support.
- You and your counselor will engage in sessions only from a private location where you will not be overheard or interrupted.
- You must use your own computer or device; do **not** use a computer or device that is publicly accessible.
- You must use a secure internet connection rather than public/free Wi-Fi.

- You will ensure that the computer or device you use has updated operating and anti-virus software.
- You will not record any sessions, nor will your counselor/CaPS record your sessions without your written consent.
- You will provide contact information for at least one emergency contact in your location who your counselor/CaPS may contact if you are in crisis and your counselor is unable to reach you.

**Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone.**

Make sure that CaPS has a correct phone number at which you can be reached, and have your phone with you at session times. If you are unable to connect to a video conference, or get disconnected, please try to connect to the session again. If you are unable to connect/reconnect within five minutes, you agree that your counselor can call you on the phone number you have provided on your client information form completed at the start of treatment and/or above. Email is not a confidential method of communication, and your counselor may not access or respond to emails quickly. If you choose to contact your counselor by email, do not include private information, and do not expect a prompt response.

**If CaPS staff believe you are experiencing a mental health emergency, defined as a situation where your safety or the safety of someone else is at immediate risk and you are unable to access emergency resources, CaPS staff will work with you to determine the safest way to connect you with local emergency supports. This may include contacting your emergency contacts or local mental health emergency resources. In rare circumstances, and only when necessary to protect the imminent safety of you or others, this may also involve contacting emergency medical services (EMS) or the police (911).** As much as possible, in these rare instances, your counselor will work to support you through 911 involvement. So that your counselor 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 counselor of the location in which you will consistently be during sessions, and you must inform them if this location changes.
- You must identify on your informed consent form a person who can be contacted in the event that your counselor believes your safety is at risk.
- Your counselor may need to verify that your emergency contact person is able and willing to go to your location in the event of an emergency, and/or transport you to a hospital.
- Your counselor may need to contact EMS or 911 in the rare circumstance that your safety, or the safety of someone else, is at immediate risk.
- Your counselor may require that you create a safe environment at your location during the entire time that you are in treatment. This may mean disposing of all firearms and excess medication from your location.

If you experience an emergency:

CaPS is open Monday through Friday, 9AM to 4PM during the summer (excluding RIT holidays), and Monday through Friday, 8:30AM to 4:30PM during the fall and spring semesters (excluding RIT holidays). You may call CaPS at 585-475-2261 (voice) to access Urgent Care Services. If prompted to leave a voicemail, please do so with your name and telephone number, and someone from CaPS staff will return your call within 30 minutes. **Please do not use email for emergency situations.** If you cannot wait 30 minutes, if you do not receive a call back from CaPS within 30 minutes, or if you are calling outside of business hours, you agree to contact any of the below resources until you find help.

- Contact the CaPS After-Hours Line: 1-855-436-1245 (voice)
- Go to the nearest emergency room, mental health crisis center, or call 911
- If you are on campus, call Campus Public Safety at 585-475-3333 (voice) to be connected with support services
- If you are in Monroe County, NY, contact Lifeline/Mobile Crisis: 585-275-5151

Additional National Resources

- Phone:
  - National Suicide Prevention Lifeline: 800-273-TALK (8255)
  - National Domestic Violence Hotline: 1-800-799-7233
  - The Trevor Project (LGBTQIA+): 1-866-488-7386
- Text/chat:
  - National Deaf Domestic Violence Hotline: Chat <https://thedeafhotline.org/> VP 855-812-1001
  - Crisis Text Line: Text HOME to 741741

- IMAlive Crisis Chat: [www.imalive.org](http://www.imalive.org)
- Lifeline Crisis Chat: <https://suicidepreventionlifeline.org/chat/>
- The Trevor Project (LGBTQIA+) chat: [www.thetrevorproject.org](http://www.thetrevorproject.org) Text: Text “START” to 678-678
- National Domestic Violence Hotline: <https://www.thehotline.org/>

In signing this form, I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss of withdrawal of any benefits to which I would otherwise be entitled.

I have read and understand the above information, and all my questions have been answered. I hereby give informed consent to use telemental health (TMH) in my care.

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Name (please print)

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Signature of Client (or authorized person)

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Date