



OFFICE of CAMPUS LIFE

Informed Consent to Telemental Health

The purpose of this form is to obtain your consent to participate in telehealth services with American University's Student Health Center (SHC). This consent form is an addendum to the standard American University SHC Psychiatry Informed Consent to Receive Treatment and does not replace it. All aspects of Psychiatry Informed Consent to Receive Treatment in that document apply to telehealth services, including the telemental health (TMH) services provided by SHC Psychiatric providers.

Telehealth refers to the overall practice of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment when the health care provider is in one location and a patient in another. Telehealth can also include specific types of practice such as TMH. In this document, "TMH" refers to clinical services provided via phone or videoconference using a variety of technologies. **TMH is offered to provide access to psychiatric services to American University students who are currently located in the District of Columbia but are unable to attend in-person sessions at the SHC** (e.g., as a result of AU's Operating Status and the COVID-19 pandemic).

It is important to know that the results of TMH cannot be guaranteed or assured. You are not required to use TMH and have the right to request other service options (e.g., referrals to off-campus care) or withdraw this consent at any time without affecting your right to future care or treatment. 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; location outside of DC; or need for more specialized services. In these cases, your Psychiatric provider will provide you with appropriate referrals.

TMH services and records are confidential to the extent permitted by law (i.e., *District of Columbia Mental Health Information Act of 1978*), similarly to in-person services. All clinicians adhere to the law and relevant ethical standards. Please see the Psychiatry Informed Consent to Receive Treatment for more information.

It is important to know that there are risks associated with engaging in TMH, including, but not limited to:

- Sessions could be disrupted, delayed, or communications distorted due to technical failures, including but not limited to poor internet connection or other technological difficulties.
- TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Your Psychiatric provider may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes; if TMH presents barriers to providing appropriate treatment; or, if any of the criteria listed above that outline why TMH may not be appropriate are met.
- Security protocols could fail and your confidential information could be accessed by unauthorized persons.

The videoconferencing platform SHC Psychiatric providers use, doxy.me, is suitable for TMH services. However, though SHC Psychiatric providers will take reasonable steps to reduce or minimize the possibility, SHC Psychiatric providers cannot guarantee that their communications will not be accessed by others. Please refer to the doxy.me website for more information about the videoconferencing platform and to review FAQs (<https://doxy.me/patients>).

In addition, in the delivery of TMH services, you must follow the policies and procedures outlined below:

- **You may only engage in TMH sessions when you are physically located in the District of Columbia. Maryland and Virginia are not considered part of the District of Columbia.** Your Psychiatric provider will confirm your current location at the start of each session.
- Engage in sessions only from a private location where you will not be overheard or interrupted.
- Use a private computer or device, or one owned by AU that is not publicly accessible.
- Ensure that the computer or device you use has an updated operating system and anti-virus software.
- Do not record any sessions, nor will SHC Psychiatric providers record sessions without your written consent.

SHC cannot provide 24-hour emergency management, particularly to those using services at a distance. If you are ever experiencing an emergency, including a mental health crisis, you agree to contact one of the following 24-hour emergency resources:

- Protocall, an extension of the AUCC: 202-885-7979
- The National Suicide Prevention Hotline: 800-273-TALK (8255)
- Crisis Text Line: text HOME to 741741
- Dial 911 or go to the nearest emergency department

It is possible that SHC would need to get you help in the event of a crisis and for your safety. We ask that you identify *at least one* emergency contact person (i.e. a responsible adult, age 18 years or older) who is near your location and who we can contact in the event of a crisis or emergency to assist in addressing the situation.

Emergency Contact:

Name:

Relationship:

Phone Number:

Name:

Relationship:

Phone Number:

In some cases, SHC might need to contact the AU Police Department (AUPD) if you are located on campus, the Metropolitan Police Department (MPD) if you are located off campus, or another emergency response service that is near your location.

Please initial below to indicate your understanding and agreement.

Initial:

If you show signs that your symptoms are getting worse or that you may be in danger, you grant the SHC and your Psychiatric provider permission to contact you by phone.

Initial:

If you show signs that your symptoms are getting worse or that you may be in danger, and you fail to respond to messages, you grant the SHC and your Psychiatric provider permission to contact your emergency contact(s) to verify your well-being.

Initial:

If you show indicators that you may be at serious risk for self-harm or harm to others, you understand that SHC is required to contact the law enforcement agency indicated above to ensure your safety.

Initial:

You agree that this consent form may be electronically signed and that your electronic signature appearing on this consent form is the same as handwritten signatures for the purpose of validity, enforceability, and admissibility. You understand that you may opt-out of signing this document electronically by contacting SHC.

You understand that you may receive an electronic copy of this consent form by requesting it from SHC and providing your email address. SHC will email the form to you. If you are unable to receive the form via email, please notify SHC and other arrangements can be made.

You acknowledge that you have read and understand the information presented above. You understand you have an opportunity to discuss questions regarding services with your TMH Psychiatric provider. You understand that there are potential risks and benefits associated with receiving TMH services. You understand that you have the right to make decisions about the TMH services you receive, to refuse TMH services and to revoke this consent at any time except to the extent services have already been provided. You understand that a SHC Psychiatric provider may determine that it is not appropriate for me to receive TMH services at any time. In this case, you understand that you will be notified of this decision and will be provided resources for accessing more appropriate mental health services.

- By affirmatively clicking the checkbox, you hereby consent to TMH services provided by the American University Student Health Center.*

Electronic Signature (Please type your full legal name):

Date: