



Telemental Health Services Informed Consent

This informed consent form is to give you information about CAPS telemental health services and serves as an addition to CAPS Informed Consent Form.

In Florida, Telehealth refers to the use of telecommunication technology by a provider to provide care services. This provision of services may consist of audioconferencing or videoconferencing through a personal laptop or computer with a webcam. Telemental health services are offered to improve access to counseling services to UCF students, especially when significant barriers of travel to campus for counseling services exist.

UCF CAPS partners with Therapy Assistance Online (TAO) Connect, Inc. for access to the secure and private Zoom platform to execute telemental health services. There are always risks with telemental health services, including, but not limited to, the possibility that: the transmission of your confidential information could be disrupted or distorted by technical failures or interrupted by unauthorized persons, and/or the electronic storage of counseling information could be accessed by unauthorized persons. CAPS counselors typically provide services from UCF; however, during rare situations, clinicians may work from home. They take reasonable efforts to operate in a secure and confidential space, minimizing interruptions and distractions.

Client Eligibility & Responsibilities:

Enrolled UCF students who live in Florida may be eligible to participate in telemental health services. To engage in services, you must physically be located in Florida, with the exception of crisis consultations; if you are physically located outside of Florida, you must immediately notify the counselor. You will need a computer or laptop with a **microphone, speakers, and a camera** for audio and/or videoconferencing. You will need a reliable internet connection and the ability to have space that ensures your privacy (you are alone in the room), has sufficient lighting, and is free from distractions or interruptions. You should be dressed if you were attending an in-person face to face session. You will meet with your counselor only at the agreed upon time, and you may not record telemental health services. Your sessions with the CAPS counselor will only be recorded with your written consent.

Address of the location that you plan to access Telemental Health services from:

Address: _____

City: _____ State: _____ Zip: _____

Appointments and Fees:

CAPS attendance policy applies to all types of services, including telemental health services. Please see our Attendance policy for more information. Please note that if you will not be able to attend an appointment, you will need to cancel or reschedule prior to 24 hours of the appointment to avoid a fee.

Confidentiality and Record Keeping:

As with all CAPS services, electronic records of services will be maintained by UCF CAPS. Your counselor and CAPS will protect the confidentiality of clients and the content of telemental health sessions. You may withdraw or withhold consent from teletherapy services at any time. You may also terminate telemental health treatment at any time. Your private information will not be released unless required by law:

- When doing so is necessary to protect you or someone else from imminent physical and/or life-threatening harm.
- When a client lacks the capacity or refuses to care for themselves and such lack of self-care presents substantial threat to their well-being.

- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected. Examples of abuse, neglect, or exploitation include, but are not limited to, violence towards a minor, a minor witnessing violence or being in the presence of violence, drug use in front of or while caring for a minor, or financial exploitation of an elder adult. Examples may also include incidents of past abuse, including those described above.
- When a client pursues civil or criminal legal action against the UCF CAPS or its staff or when a client makes a complaint to a Professional Board about a counselor.
- When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
- In accordance with the Patriot Act, UCF Counseling and Psychological Services may disclose a client's mental health information to authorized federal officials, who are providing protective services to the President of the United States and other important officials, or to authorized federal officials who are conducting national security and intelligence activities. By law, UCF CAPS cannot reveal to the client when we have disclosed such information to the government.

You may also release your private information by completing a release of information form. If you have any questions about confidentiality, please ask your counselor. You are responsible for maintaining confidentiality on your end of the electronic communication (i.e., being in a private space while audio- or videoconferencing).

Participation in telemental health treatment requires that CAPS provides minimal identifying information to be shared with TAO Connect, Inc. including your name, e-mail address, and telephone number. As a service provider, TAO Connect, Inc., adheres to strict confidentiality laws. TAO Connect, Inc. will collect information so that they can provide technical support and to facilitate interaction with your CAPS counselor. The data that TAO Connect, Inc. keeps will be used in evaluating and improving the service.

Emergency/Crisis Situations:

In any mental health treatment or counseling a small number of people do not respond or improve. We depend on you to follow the procedures below, if you are in crisis:

- If you are in distress or crisis and need to speak to a mental health counselor during our business hours you may call CAPS office to speak to the counselor on duty or seek same day appointment.
- CAPS offers a 24 hours a day, 7 days a week after hours crisis line, whether or not UCF is open. You can call the main number (407-823-2811) and choosing option 5 to speak to a mental health counselor.
- If you are in imminent danger to yourself or others, call 911 or have someone take you to an emergency room at the nearest hospital.
- If we are concerned about you, if we lose contact with you, or if you fail to show for a scheduled audio- or videoconference, we will contact you by phone to check on your wellbeing. In addition, if you are showing signs of being in real trouble, we require that we have permission to contact someone to ensure your safety. Consistent with national standards, we require three levels of contacts to be identified in order to participate in online services:

- 1) A close personal contact such as a parent, spouse, sibling, or friend with whom you have on-going contact

Personal Contact: _____
 Name Relationship Phone

- 2) A professional contact such as a student affairs professional, a residence hall director, or a personal physician

Professional or Friend contact: _____
 Name Relationship Phone

- 3) The office or agency that does crisis well-being checks in your community (typically a 24 hour crisis service or the police department).
- Brevard County Sheriff's Office –
 - Central Area - 321-633-7162
 - North Area - 321-264-5100
 - South Area - 321-952-6371
 - 772 Area Code - 772-663-6269
 - Lake County Sheriff's Office – 352-343-2101
 - Orange County Sheriff's Office – 407-836-4357
 - Osceola County Sheriff's Office – 407-348-2222
 - Polk County Sheriff's Office – 863-298-6200
 - Seminole County Sheriff's Office – 407-665-6650
 - Volusia County Sheriff's Office
 - West Volusia - 386-736-5999
 - Daytona Beach - 386-248-1777
 - New Smyrna Beach 386-423-3888
 - South West Volusia - 407-323-0151
 - Other _____

The following statements are also important for safety planning.

Please read and initial.

If I show signs of deterioration or distress that indicate that I may be in danger, I grant CAPS and my therapist permission to contact me by phone and to leave a message. Initial _____

If I show signs of deterioration or distress that indicate I may be in danger, and I fail to respond to phone messages, I grant CAPS permission to contact those individuals listed above to verify my well-being. Initial _____

If I show indicators that I may be at serious risk for self harm or harm to others, I understand that CAPS is required to contact the crisis response contact above to ensure my safety. This may also take the form of a wellbeing check conducted through my local police department. Initial _____

I have been informed about the purpose, expectations, possible benefits, risks, and crisis procedures. I agree to participate and abide by the above stated expectations and client responsibilities in telemental health services. I consent to participate in utilizing Therapy Assistance Online (TAO) at Counseling and Psychological Services at University of Central Florida. I hereby authorize the collection and use of my data for program evaluation purposes.

Signature of Person Consenting to Treatment

Date

Print name

Phone

PID

UCF E-mail address

@knights.ucf.edu