



Counseling and Psychological Services

THERAPY ASSISTANCE ONLINE TREATMENT

Thank you for your interest in participating in Counseling and Psychological Services (CAPS) Therapy Assistance Online (TAO) Treatment Services. This informed consent form is to give you information about TAO services, and serves as an addition to the Informed Consent you receive at your initial assessment.

TAO Treatment Services:

TAO treatment is an interactive, web-based program that provides assistance to help **address anxiety, depression, and other concerns**. This program teaches healthy coping skills and provides you with skills and tools, along with some on-going support and help regarding your use of TAO from your counselor. TAO is based on well-researched and highly effective treatment strategies. TAO Connect, Inc. is an outside vendor that has licensed CAPS to provide these services to you.

TAO Procedures

TAO treatment services are provided through CAPS and could be a treatment recommendation for you. The screening appointment is designed to discuss and determine fit, benefits, risks, and treatment expectations with a TAO counselor.

Client Responsibilities:

TAO treatment requires participants to be **active in their treatment** in order to achieve the most benefit.

Below is a list of responsibilities for individuals who participate in TAO treatment:

- Expect to spend approximately **1-2 hours per week** participating in this program.
- For each of the treatment weeks, you will complete modules and videoconference meetings.
- Modules will include watching videos and completing exercises.
- In addition, throughout TAO treatment you will complete daily homework on a smart phone, tablet, or computer. These take about 1-2 minutes per entry and the treatment is most effective if you make an entry 2 or more times per day.
- You and your counselor will schedule videoconference appointments for 10-15 minutes, weekly.
- Within the hour before each videoconference with your counselor you will need to complete a 20 item questionnaire (BHM-20 or "Mood Survey"), asking about your experience that week. Your counselor will be able to review your results and track your progress. At times your counselor may want to share the results with you and talk about how you are responding to this treatment.
- TAO Connect, Inc. may require brief wellness assessments.

Eligibility

Enrolled UCF students who live in Florida may be eligible to participate in TAO treatment. You will need a computer or laptop with a **microphone, speakers, and a camera** for videoconferencing. You will need a good internet connection and the ability to have space that provides you privacy when completing your videoconferences. While TAO treatment is very effective and well-liked by most users, some people do not feel comfortable with technology and with remote treatment. If you find that this just is not working for you, please talk with your counselor about this and we will help you to transfer to another mode of therapy.

Appointments and Fees:

CAPS attendance policy applies to all types of services. Please see our policy for more information. Please note that if you will not be able to attend an appointment, **including the online videoconference appointments**, 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 at CAPS. UCF CAPS and your counselor will protect the confidentiality of clients and the content of TAO treatment sessions. The limits of confidentiality that you reviewed at your initial assessment apply to TAO treatment services. 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 videoconferencing).

Participation in TAO treatment requires that CAPS provides minimal identifying information to be shared with TAO Connect, Inc. including your name, e-mail address, and telephone number. Any additional information provided to TAO Connect, Inc. will be done by you during your participation. As a service provider, TAO Connect, Inc., adheres to strict confidentiality laws. TAO Connect, Inc. will collect information while you are in treatment so that they can provide technical support and to facilitate interaction with your CAPS counselor. Once you have completed the treatment, TAO Connect, Inc. will keep most of your entries in TAO however, the data they keep will only include information that does not directly identify you. No information that can be linked to you are kept including: names, e-mail addresses, student ID’s, social security numbers, birth dates or other information that can be directly linked to you. The data that TAO Connect, Inc. does keep 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. We offer walk-in appointments to clients who feel they need to be seen the same day.
- CAPS also offers 24 hour a day, 7 days a week after hours crisis line by calling the main number (407-823-2811) and choosing option 5 to speak to a mental health counselor.
- If you are imminent danger to yourself or others, call 911 or have someone take you to an emergency room at the nearest hospital.

To monitor and respond to anyone who might be struggling or deteriorating, we review your results on the BHM-20 once weekly, on the day of your appointment. If we are concerned about you, if we lose contact with you, or if you fail to show for a scheduled 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 or spouse

Personal Contact: _____

Name	Relationship	Phone
------	--------------	-------

- 2) A professional contact such as a student affairs professional, a residence hall director, or a personal physician or a friend with whom you have on-going contact

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 –

Polk County Sheriff's Office – 863-298-6200

Central Area - 321-633-7162

Seminole County Sheriff's Office – 407-665-6650

North Area - 321-264-5100

Volusia County Sheriff's Office

South Area - 321-952-6371

West Volusia - 386-736-5999

772 Area Code - 772-663-6269

Daytona Beach - 386-248-1777

Lake County Sheriff's Office – 352-343-2101

New Smyrna Beach 386-423-3888

Orange County Sheriff's Office – 407-836-4357

South West Volusia - 407-323-0151

Osceola County Sheriff's Office – 407-348-2222

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 insure 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, and I agree to participate in TAO treatment. I consent to participate in on-line treatment with 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

UCF ID/PID or VID

UCF E-mail address @knights.ucf.edu