



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 (this cannot be a P.O. Box):

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.

- 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

UCF/PID or VID

UCF E-mail address

@knights.ucf.edu