

Tele-Counseling Services Treatment Consent

Welcome to Counseling Services. This informational handout is intended to inform you about Tele-Counseling Services and about your rights and responsibilities as a student. Please sign this form to verify that you have received and understand this information. Take your time, read this carefully, and ask your counselor if you have any questions.

What is Tele-Counseling? Tele-Counseling is the practice of delivering clinical mental health counseling over the phone between a counselor and a student who are located in two different locations.

Eligibility for Counseling Services: To be eligible for counseling you need only be enrolled in at least one credit course for the current semester at UAS.

Our Schedule: Counseling Services is open 9 am – 5 pm, Monday through Friday, during the Fall and Spring Semesters. Summer counseling hours are limited as staff are working reduced hours during the summer months.

Appointments: Counseling Services provides brief, solution-focused counseling. Students are eligible for 6 counseling sessions per semester. If further sessions are needed a community referral can be made. At the initial session, counseling staff will gather required data and background information to contribute to giving you the best counseling experience. Subsequent sessions are approximately 50 minutes in length.

Cancellation Policy and “No-Shows”: Please call the Front Desk at 796-6000 if you need to re-schedule or cancel an appointment. 24 hours’ notice is appreciated.

You give your informed consent regarding tele-counseling regarding the following conditions:

- 1) You have the right to withdraw your consent for tele-counseling without affecting your right to future care. Counseling is a voluntary act, and you have the right to choose counselors who best suit your needs. We will do our best to accommodate your needs or give you an appropriate referral. You have the right to be treated ethically by your counselor.
- 2) You understand there are risks, benefits and consequences associated with tele-counseling including but not limited to disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and or limited ability to respond to emergencies.
- 3) You understand that there will be no recording of any of the online sessions by either party.
- 4) You understand that if you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be

resolved remotely, it may be determined that tele-counseling services are not appropriate and a higher level of care is required.

- 5) You understand that during a tele-counseling session, we could encounter technical difficulties resulting in service interruptions.
- 6) You understand that your counselor will require you to designate an emergency contact. Your counselor may need to contact your emergency contact and/or appropriate authorities in case of an emergency. Additional mental health resources, local to your area, will also be identified with your counselor's assistance during your first appointment.

EMERGENCY PROTOCOL

Your counselor will need to know your location at the beginning of each session in case of an emergency. You will be asked to inform your counselor if your emergency contact information has changed between sessions.

In case of an emergency, my location is: _____

And my emergency contact person's name and contact information is: _____

UAS COUNSELING SERVICES CONFIDENTIALITY POLICY: Counseling Services ensures that any information exchanged during the counseling process is used exclusively for the benefit of the student. Counseling records are not kept in student academic files and information is not released to anyone unless:

1. We have your written permission.
2. Information you provide gives counselors reasonable cause to believe you will harm yourself or someone else and we believe it is necessary to prevent clear and imminent danger to you or others.
3. Information you provide gives counselors reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
4. Counseling Services receives a court order to disclose confidential information about you. If this happens, we will first ask that the court drop their order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court's order.
5. You waive the privilege by bringing charges against us.

I have read and fully understand the preceding description and conditions of Tele-Counseling Services' policies and procedures.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____