



SCC CAPS INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES

Due to current standards of practice and for a temporary time period, the only access to CAPS at SCC is via telehealth services. Once the standards of care return to in person allowances, this informed consent will be discontinued and in person appointments will resume. Prior to starting telehealth services, we discussed and agreed to the following:

- There are potential benefits and risks of telehealth (e.g. increase access to care and limits to confidentiality) that differ from in-person sessions. Please express questions and concerns as they arise with your counselor so issues can be addressed.
- Confidentiality still applies for telehealth services, though it is important to note that in any telehealth platform utilizing long distance communication, confidentiality cannot be guaranteed 100%. Please take all necessary steps to ensure your privacy.
- No recording of the sessions will occur without the permission from the others person(s). It is important to note that many sessions are performed by CAPS Interns and at times, the site supervisor, Director of CAPS, may observe sessions with prior notification to the SCC student.
- We agree to use **ZOOM Pro** for telehealth, a video-conferencing platform selected for our virtual sessions, and the CAPS representative will explain how to use it.
- You need to use a webcam or smartphone during the session. It is recommended to have a headset or equivalent to use for sessions to ensure quiet, privacy and less distractions.
- As these services will be utilizing your internet services, there may be technological problems and we need to discuss a way to contact each other in the event we lose touch.
- It is important to use a secure (password protected) internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems:
SCC Student Phone Number: _____
- We need a safety plan that includes at least one emergency contact and the closest community resource to your location, in the event of a crisis situation.



Location during appointments (Address, City & County): _____

Emergency Contact (Name, relationship and phone #): _____

- I understand that telehealth services cannot be accessed 24/7, so in the event of needed crisis support or in the case of an emergency, I agree to call 911, go to the local emergency department and/or access appropriate crisis support management to protect myself from harm.
- If you are not an adult (18+), we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- As your therapist, I may determine that due to certain circumstances, telehealth is no longer appropriate and that a community referral for psychological services can be made for continuation of care.
- Any charges incurred as a result of the data usage for telehealth appointments are the responsibility of each SCC student.

Patient Name: _____

Signature of Patient/Patient's Legal Representative: _____

SCC CAPS Therapist Name / Signature: _____

Date: _____