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Telemental Health Informed Consent

INFORMED CONSENT and AUTHORIZATION FOR TELEMENTAL HEALTH TREATMENT

This document contains important information about our telehealth services and policies. Please read it carefully and initial in the box at the bottom of each page indicating that you have both read and understand the information provided. Signing this document will represent an agreement between you and the DSC Counseling Center (DSCCC). A copy of this document is also available on the DSCCC website.

Description of Telemental Health Services

For DSCCC's current clients, it is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your clinician remains therapeutic and professional. Telemental Health is defined as follows (Georgia Rules and Regulations 135-11-.01):

"Telemental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. Telemental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers."

Telemental Health is a relatively new concept even though many therapists have been using technology-assisted media for years. Our therapists have completed specialized training in Telemental Health. We have also developed policies and protective measures to reasonably protect the confidentiality of your Personal Health Information ("PHI.") All Telemental Health sessions will take place on the platform, Doxy.me. This is a third party encrypted service designed to maintain the confidential nature of your session. You should be in a private setting with no one else around during your session to ensure confidentiality. Therapists will also use best efforts to be in a private setting where no one is able to overhear your conversation.

Client Responsibilities

Should you choose to engage in a Telemental Health session with a clinician you agree to:

- Be physically located in Georgia or Tennessee as our clinicians are unable to practice outside these states.
- Only talk in a private setting when no one else is around or can hear the conversation.
- Share your name, student ID, driver's license/student ID card and physical location with the clinician.
- Agree to same limitation of confidentiality as if you were in a therapy session in the office.
- Verbally end the call to ensure each party knows the call is ending and not accidentally disconnected.
- Agree to call 706-272-4430 should you be disconnected from the call to ensure clinician is able to contact you.

Please note: If there is a concern about your well-being or safety, a welfare check will be made. This would include calling a local law enforcement agency to come to your location to ensure your safety. During a phone call, you and

your clinician could encounter a technological failure. The most reliable backup plan is to make contact via phone again. Your clinician will call you back should you be disconnected.

Appointment Procedures:

At the time of your appointment the Doxy.me link will be sent to your DSC Email or text message to log in to the session. Signing into the session will confirm you agree to the terms and conditions of using the Doxy.me service which can be found here: <https://doxy.me/terms-of-service>. **Disclaimer: If you choose to decline the terms of service at the time of the call, notify your clinician immediately via email. You will be referred to the crisis protocol described in the general Informed Consent, and the appointment on Doxy.me will be ended.**

During the call, you will be required to verify your identity and current location. This information will help us ensure confidentiality and allow us to assist you in the event of an emergency. **Disclaimer: Refusing to provide this information will require us to refer you to the crisis protocol and terminate the session.** DSCCC will confirm your identity using the Doxy.me video/audio tools, information provided by you in our client records, and Banner. Have your government issued ID and DSC student ID available for reference during the call. Examples of acceptable government issued IDs include:

- State-Issued Driver’s License/ID Card
- Passport
- Department of Defense ID Card
- Conceal Carry Permit

Your signature below indicates that you have read the information in this document and agree to abide by its terms while you are being seen at the DSC Counseling Center.

I hereby agree to and authorize counseling/treatment/assessment/consultation at DSCCC via telemental health. I understand the definition of telemental health as described in Georgia Rules and Regulations 135-11-.01, the process for appointments, and my client responsibilities. I understand this informed consent supplements and does not replace the “Informed Consent, Rights, Responsibilities, & Authorization” previously signed with DSCCC. I have had the opportunity to ask questions about the statements above with a clinician, understand I can access this document on DSCCC website, or request a hard copy at any time.

Name & Student ID (of Client)

Client Signature Date

Witness Name (Printed)

Witness Signature Date