Informed Consent for Telepsychological Services

I _________________________ (name of student) hereby consent to engage in telepsychological services with Lawrence Technological University Clinical Counseling Services. I understand that telepsychological services may include working on treatment goals, education, problem solving and other therapeutic strategies. This will occur primarily through interactive video chat using the Zoom platform, adjustments may be made to this on a case by case basis.

I understand that I have the following rights with respect to telepsychological services:

1. I have the right to withdraw consent at any time.
2. The laws that protect my confidentiality, exceptions to confidentiality and my personal information in an in-person session are the same and apply to video chat sessions.
3. There are risks and consequences to telepsychological services including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons.
4. That there are potential risks and benefits associated with any form of therapy.
5. Treatment results are not guaranteed.

Additional points of information:

● Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
● We agree to use the video-conferencing platform selected for our virtual sessions, and my therapist will explain how to use it.
● You need to use a webcam, tablet or smartphone during the session.
● It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
● It is important to use a secure 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 your 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.
● We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
● If you are not over 18, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

● Telepsychological services will be available during your scheduled time Monday-Friday 9-5. You may utilize email to set up or change your appointment if needed, your therapist will make an effort to respond in a reasonable amount of time.

● The MySSP program is available 24/7 via text, phone, or video and can be used as an alternative to speaking with Clinical Counseling Services staff or if the student feels they would benefit from additional support between appointments.

● If you need immediate support or are in a crisis please contact 911 or your local law enforcement agency. Included in this form is an additional list of resources to contact if you feel you are in crisis.

Backup phone number: ________________________________

Emergency contact: ________________________________

Name/Address of Closest Emergency Room: ________________________________

Student name: ________________________________ Banner ID: __________

Signature of student or parent (if under 18): ________________________________

Date: ________________________________