

Vassar College Counseling Service

Teletherapy Consent for Treatment

My signature below signifies my consent to engaging in teletherapy with a counselor at the Vassar College Counseling Service as a student of Vassar College in accordance with the following expectations and guidelines.

What is teletherapy?

1. "Teletherapy" includes the practice of education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making. Teletherapy counseling may include mental health care delivery, diagnosis, consultation, and psychotherapeutic treatment.
2. Teletherapy will occur primarily through interactive audio, video, telephone, email, and/or other data communications. If one form of technology fails in the course of a teletherapy session, an alternate form of communication may be utilized by the counselor (ex. cell phone).
3. Services delivered by my therapist are required by law to take place within the state in which my therapist is licensed, with the exception of crisis consultations or sessions, or referral assistance. Teletherapy services may not be provided in international jurisdictions. If I am physically located outside of the state in which my therapist is licensed, I will immediately notify my therapist.

What are my rights in regards to teletherapy?

4. I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, I may request a referral to a local mental health provider.
5. The laws that protect the confidentiality of my personal information in a face-to-face counseling setting also apply to teletherapy. As such, the information disclosed by me during the course of my sessions is generally confidential. The dissemination of any personally identifiable images or information from the teletherapy interaction to other entities shall not occur without my written consent except in the case of mandatory or permissive exceptions to confidentiality. Such exceptions include, but are not limited to:
 - suspected child, elder, and/or dependent adult abuse;
 - expressed threat of violence towards an ascertainable victim;

- expressed threat to harm or kill self; and
- court subpoena.

6. I have a right to access my personal information and copies of case records in accordance with Federal and New York State law.

7. I agree not to record teletherapy sessions.

8. I agree to be dressed as if I were attending an in-person face-to-face session.

9. I will be responsible for the following:

a. Providing the computer and/or necessary telecommunications equipment and internet access for teleservices sessions,

b. Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teleservices appointments.

When is teletherapy appropriate?

10. A Vassar College Counseling Service staff member will inform me if a referral for teletherapy services is appropriate. Receiving teletherapy services may not be advised if I have experienced any of the following:

- recent suicide attempt(s), psychiatric hospitalization, or psychotic processing (last 3 years)
- moderate to severe major depression or bipolar disorder symptoms
- moderate to severe alcohol or drug abuse
- severe eating disorders
- repeated “acute” crises (e.g., occurring once a month or more frequently)

11. I agree that certain situations, including emergencies and mental health crises, are inappropriate for audio/video/computer based counseling services. These include:

- thoughts of hurting or killing myself or another person;
- hallucinations;
- being in a life threatening or emergency of any kind;
- being under the influence of alcohol or drugs.

12. I understand that my teletherapy counselor will not be available for contact between scheduled sessions.

a. If I am in an emergency or crisis situation, and I am on campus, I understand that I should immediately contact the counselor on call at 845-437-7333.

b. If I am not on campus, I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area. If I am experiencing thoughts of suicide without a clear commitment to safety, I am to contact one of the following resources:

- 911
- National Suicide Prevention Lifeline: Call 1-800-273-8255 (or another suicide hotline)
- Crisis Text Line: Text HOME to 741741
- Local mental health crisis resource, such as the following for clients in Poughkeepsie:

Dutchess County Helpline - call or text 845-485-9700

Are there risks involved?

13. There are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, 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; and/or
- the electronic storage of my personal information could be accessed by unauthorized persons.

14. Teletherapy may not be as complete as face-to-face services – additional research is needed on the long-term effects of counseling via teletherapy versus face-to-face treatment in order to better understand the benefits and limitations of teletherapy treatment. If my counselor believes I would be better served by another form of intervention (e.g. face-to-face services) I will be referred to a mental health professional who can provide such services in my area.

15. While I may benefit from teletherapy psychological counseling, results cannot be guaranteed or assured. There are potential risks and benefits associated with any form of counseling, and despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

16. If we are concerned about you or we lose contact with you, or if you fail to show for a scheduled videoconference, we will contact you by phone to check on your well-being. In addition, if you are showing signs of being in real danger, we require that we have permission to contact someone to ensure your safety. We require three levels of contacts:

a. A close personal contact such as a parent or spouse:

Personal Contact:

Name: _____ Relationship: _____

Phone: _____

b. A professional contact such as a student affairs professional, a residence hall director, or a personal physician

Professional Contact:

Name:

Phone:

c. The office or agency that does crisis well-being checks in your community (typically a 24 hour crisis service or the police department).

Crisis response:

If I show signs of deterioration that indicate I may be in danger, I grant VCCS staff permission to contact me by an alternate form of technology (such as phone) and/or to contact my resources

listed above to verify my well-being. If I show indicators that I may be at serious risk for harm to self or others, I understand that the VCCS is required to contact campus staff and/or emergency response personnel to ensure my safety.

I have read and understand the information provided above. By electronically signing this document I agree to follow these guidelines and expectations for teletherapy services through VCCS.

Printed name of client _____

Signature of client _____

Date _____