

INFORMED CONSENT FOR TELETHERAPY SERVICES for the Psychological Services Center and Hope Project at Regent University

Due to the COVID-19 pandemic and the Stay At Home order issued in the Commonwealth of Virginia, in-person visits at the Psychological Services Center and Hope Project at Regent University have been disrupted. In order to provide needed mental health services to our community during this time, the Psychological Services Center is offering telehealth via videoconferencing. Telehealth is the delivery of health care services through the use of interactive audio and video communication with a provider who is in a different location. The PSC is currently only offering therapy services via telehealth. We have incorporated network and software security protocols to protect your confidentiality during these appointments and will also be using measures to safeguard your data against intentional or unintentional corruption. Some of these measures include providing telehealth sessions through a HIPAA-compatible platform, encrypting your health care data, and placing safeguards on the systems used to access your data. This document outlines some of the risks, benefits, and expectations associated with engagement in telehealth at the PSC.

Risks and Benefits

There are potential risks and benefits associated with any form of therapy, including therapy provided through telehealth. Telehealth is a well-documented and research-supported method of providing psychotherapy. Given the present COVID-19 pandemic, it offers the opportunity for continued care and access to psychological services without leaving your home. However, despite your efforts and the efforts of your provider, your condition may not improve or in some cases may get worse. Some of the risks specifically associated with the use of telehealth include interruption and/or disconnection of services due to technical problems, electronic tampering, or failed security protocols. Use of an electronic system inherently carries additional risks of compromising your personal health information (PHI). Additionally, some people find it more difficult to have a sense of personal connection with their therapist over a video platform.

Consent to Telehealth Services

I consent to engaging in telehealth therapy services performed at the PSC/ Hope Project. I understand that these services will be provided by a doctoral student in clinical psychology who is under the training and supervision of a licensed psychologist. I understand that I have the option to refuse to engage in these appointments at any time without affecting my right to future care or treatment, and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled. I also understand that:

- I must be physically present within the Commonwealth of Virginia in order to participate in telehealth therapy sessions. To ensure this, I must verify my identity and location to my provider at the beginning of each telehealth session.
- I must provide information for a designated emergency contact and local hospital to be used by my provider in an emergency.
- It is important for me to protect my privacy by maintaining a safe, private, and quiet environment for my telehealth sessions, and to conduct my telehealth sessions using a password-protected internet connection. It may also be helpful for me to use headphones to protect my privacy during sessions. If I

am unable to create this environment, it is my responsibility to discuss this with my clinician who can assist in problem solving.

- There are certain limitations to telehealth, and my provider will discuss with me whether or not my concerns are appropriate for this modality. If telehealth is not deemed appropriate or if I do not find it to be a good fit for me, I understand that I may obtain a referral from my clinician for local mental health providers.
- I will inform my clinician of anyone else present in the room for the session and expect that my provider will also do the same for me.
- All confidentiality protections required by law and regulation will apply to my care. I retain access to all my medical information associated from my engagement in telehealth as provided by law. I understand that my express written permission is required before this information is shared with a third party, unless otherwise allowed by law. Key exceptions to confidentiality include, but are not limited to:
 - A duty to maintain the safety of myself and others, including warning impacted third parties.
 - An obligation to report any suspected current child abuse or neglect, elderly abuse, or otherwise disabled individual abuse to the appropriate state agency.
 - An obligation to respond to a valid subpoena or court order seeking the disclosure of my records.
- I have the right to refuse or stop participation in telehealth services at any time, and I may request alternate services such as a referral for a local mental health provider or crisis hotline numbers.
- If an emergency occurs during a telehealth appointment, I agree to follow the instructions of my provider and stay on the video connection until help arrives, unless otherwise instructed.
- My sessions will all be recorded by my provider for the sake of training purposes, consistent with standard PSC policy. I agree to ask my service provider for permission before recording any part of a session.

I have read and understand the information provided above regarding telehealth services. I understand that I will have an opportunity to discuss the terms of this consent with my service provider at the start of my first telehealth therapy session. I acknowledge and agree to present all of my questions to my provider, if any, and to not proceed with my telehealth session until all of my questions have been answered to my satisfaction. I understand that by continuing my participation in the telehealth session I am asserting my understanding and agreement to the information provided in this consent form.

I hereby give my informed consent to participate in the use of telehealth services for treatment as described above. I give permission for my service provider to speak with my emergency contact if necessary.

By signing below, I agree to the statements above as authorized.

Sign here:

Sign electronically and email your consent to hopecouples@hopecouples.com. If unable to sign please state in an email that you received this telehealth consent and agree to the statements.