



EMPLOYEE ASSISTANCE & COUNSELING CENTER

The University of Alabama at Birmingham

2112 11th Avenue South, Suite 330
Birmingham, AL 35205
(205) 934-2281

Tele-mental Health Informed Consent

Due to the COVID-19 pandemic and public health emergency declared in the state of Alabama, in-person visits at the UAB Employee Assistance & Counseling Center (EACC) have been disrupted. In order to ensure continuity of care, consistent with public health guidelines issued by the Alabama Department of Public Health and Centers for Disease Control and Prevention, the EACC is offering services via Telehealth.

Telehealth is the delivery of healthcare through the use of interactive audio and video communication with a provider who is not in the same physical location. Tele-mental health counseling sessions are similar to routine office visits, except interactive video technology allows communication with the provider at a distance. The Telehealth systems used will incorporate network and software security protocols to protect client confidentiality and will safeguard client Protected Health Information (PHI).

Consent to Telehealth Services:

I _____ hereby consent to tele-mental health services with a member of the counseling staff at the EACC. I understand that tele-mental health may include clinical healthcare delivery, diagnosis, treatment, consultation, psycho-education and referral to community resources that may be deemed necessary in my counselor's professional judgment. I also understand that I have the option to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled. I understand that:

- a. At the beginning of each tele-mental health session, I must share my physical location and provide the name and number of my local designated emergency contact with my counselor.
- b. I understand that my counselor may need to contact my emergency contact and/or appropriate authorities in case of an emergency
- c. There are certain limitations to tele-mental health sessions, and my counselor will determine whether or not the condition being treated is appropriate for a tele-health encounter.
- d. If tele-mental health services are not appropriate, I may be referred to another agency or mental health provider.
- e. I understand the EACC will not pay the costs of therapy or community resources/treatment services to which I may be referred.
- f. All confidentiality protections required by law or regulation will apply to my care.

Telemental Health Session Protection:

I understand the EACC has taken the appropriate security measures to ensure that each telemental health session is secure by providing Telehealth sessions through Zoom the HIPAA compliant



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videoconferencing application); encrypting my healthcare data; and, placing safeguards on the systems used to access my data. Please read our HIPAA Privacy Statement [here](#).

Telehealth Session Risks/Limitations:

I understand that there are potential risks and benefits (i.e. improved and expanded access to care) associated with any form of counseling, including counseling provided through tele-mental health services, and that despite my efforts and the efforts of my counselor my condition may not improve, and in some cases may get worse. In addition, I understand that tele-mental health services and care may not be as complete as face-to-face services.

Tele-mental health should not be viewed as a substitute for in person counseling or medication management. It is an alternative form of counseling with possible limitations. Possible limitations include:

- a. May lack visual and/or audio cues
- b. May have disruptions in the service and the quality of the technology used
- c. May not be appropriate if you are having suicidal or homicidal thoughts, acute psychosis, or other emotional crisis
- d. In very rare instances, security protocols could fail, causing a breach of privacy of PHI.

I understand if any of these risks occur, the Telehealth session may need to be stopped.

Location of Telehealth Services:

I understand different states have different regulations for the use of Telehealth. I understand that in order for my counselor to participate in a Telehealth session with me, I must be physically present within the state border of Alabama. I understand that In order to ensure the confidentiality of my tele-mental health counseling session, I agree to participate from a safe, private, and quiet environment. It is my responsibility to choose a secure location where no one can overhear our conversation. *During the COVID-19 pandemic, special provisions have been made by the Alabama Board of Examiners in Counseling for some exceptions to this rule to ensure continuity of care. I will speak with my counselor before I travel out of state during the pandemic to make sure the rule applies.*

Telehealth Appointments:

I understand my counselor will send an email with my secure Zoom weblink at least one day before my appointment. Follow-up appointments will be scheduled at the end of our tele-mental health counseling session. If I cannot attend an appointment, I will notify my counselor by calling the EACC main office number at (205) 934-2281 and leave a message 24-hours in advance when possible. If I do not initiate my appointment at the scheduled time or within 15 minutes of said time, per the EACC late appointment policy, I will be asked to reschedule my appointment.

Use of Email:

I understand the EACC cannot guarantee the confidentiality of email correspondence therefore the use of email to discuss matters pertaining to therapy is strongly discouraged. I understand that If I send an email to speak with my counselor, cancel my appointment, or respond to my counselor's encrypted email, emails are NOT a secure form of communication (see EACC social media policy for more



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information [here](#)). Please make note, uabmc.edu email address to uabmc.edu email address communication is approved per UAB HIPAA privacy standards.

Verification of Identity:

I understand if I ask for phone/audio counseling sessions, I must have a brief interaction with my assigned counselor via video conferencing to verify my identity first. My counselor will ask for my picture ID to match it with the photo I uploaded with my intake paperwork upon initiation of counseling services at the EACC. During the initial verification, I will also choose a phrase or password that will be used to confirm my identity in future sessions. I understand this process prevents another person from posing as myself.

Telehealth Records:

I understand a written and/or electronic record (date, time, nature of meeting) of contacts with my counselor will be maintained on a secure server (designed for EAP providers) and the company responsible for maintaining this information Harting EAP, has signed a Business Associate Agreement - attesting to HIPAA compliance. The EACC uses federally approved, point-to-point encryption software. There will be no recordings or screen shots taken of any tele-mental health counseling sessions by either party.

Confidentiality:

I acknowledge and understand the EACC and my counselor have certain duties and obligations that may require the disclosure of my confidential information under certain situations, including, but not limited to

- a. A duty to warn about serious harm to myself (suicidal thoughts).
- b. A duty to warn about serious harm to others (homicidal thoughts).
- c. An obligation to report current child abuse or neglect, elderly abuse, or otherwise disabled individual abuse.
- d. An obligation to respond to a valid subpoena or court order seeking the disclosure of my records.

I also understand that my counselor may not disclose my confidential information to any other person or entity of my choice without an executed release of information from me.

Emergency Situations:

I understand certain situations including emergencies and crises are inappropriate for audio or video computer-based counseling services. I acknowledge and understand if I am in crisis or in an emergency, I should immediately call 9-1-1 and/or seek help from my nearest emergency room. I understand emergency situations include having thoughts about hurting or killing another person or myself, hallucinating, or other acute crisis, having uncontrollable emotional reactions, or if I am experiencing dysfunction due to substance use (alcohol or drugs).

I acknowledge I have been told, I am to contact one of the following resources:

- a. Emergency Services (911)



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- b. Crisis Center (205) 323-7777
- c. National Suicide Prevention Lifeline (1-800-273-8255)
- d. Crisis Text Line (Text: UAB to 741-741)
- e. UAB Police Department (205-934-3535)

I further understand tele-mental health counseling may be contraindicated with clinical presentations related to moderate to severe mood disorders, eating disorders, substance use disorders or other psychiatric diagnosis that require attention from a medical provider.

Back-up Plan for Technology:

I understand during a tele-mental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, my counselor and I should end and restart the session. If we are unable to reconnect within ten minutes, my counselor will call me at the personal telephone number provided by me at intake unless I provide a different number at the beginning of our session.

Telehealth Treatment Concerns/Complaints:

If during the course of therapy I have concerns regarding treatment/telemental health counseling with my counselor, I will discuss my concerns with my counselor, EACC Director and/or EACC Clinical Coordinator first before filling a grievance or complaint with the agency responsible for overseeing licensed mental health counselors/practitioners. If no resolution is made to my satisfaction, I understand I can reach out to my counselor's appropriate credentialing body at the [Alabama Board of Examiners in Counseling](#) (205-458-8716), the [Alabama Board of Examiners in Marriage and Family Therapy](#) (334-395-7455), or the [Alabama State Board of Social Work Examiners](#) (334-242-5860).

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Signature of client/parent/legal guardian

Date

This document is an addendum to the UAB Employee Assistance & Counseling Center (EACC) Statement of Understanding and does not replace it. Tele-mental health services are time-limited and offered to improve access to counseling services provided by the EACC when significant barriers are posed by geographical distance and/or social distancing measures in place due to the current COVID-19 pandemic.