



## STUDENT COUNSELING SERVICES

The University of Alabama at Birmingham

### **Supplemental Distance Counseling Informed Consent**

University of Alabama at Birmingham  
Student Counseling Services  
1714 9<sup>th</sup> Avenue South • Learning Resource Center 3<sup>rd</sup> Floor  
205-934-5816 • [www.uab.edu/students/counseling](http://www.uab.edu/students/counseling)

I \_\_\_\_\_ (name of student) hereby consent to engaging in telehealth counseling with a mental health provider at Student Counseling Services (SCS). Telehealth is a broad term that refers to mental health services and information provided electronically or with the use of technology. I understand telehealth counseling may include mental health education, diagnosis, consultation, treatment, and referrals to resources. Telehealth counseling with SCS will occur primarily through telephone conversations and video sessions and may involve exchanges through my patient portal.

I understand that I have the following rights with respect to telehealth:

1. I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, students may meet with a provider onsite at the SCS office. In some instances where meeting at physical location is not possible (i.e., campus closure), your provider may need to refer you to another community mental health provider who can appropriately provide this service.
2. The use of telehealth counseling is subject to the discretion of a SCS mental health provider, is temporary in a nature, and based upon the assessment of a student's clinical needs.

Telehealth counseling will only begin after having contact with a SCS mental health provider and after they have determined that such counseling is appropriate for your care. For existing clients of SCS, this transition may occur as part of your on-going care. For new clients of SCS, telehealth counseling will only occur after participating in a screening. The provider will inform you if participating in telehealth counseling is appropriate. Receiving telehealth counseling may be contraindicated with:

- Recent suicide attempt(s), psychiatric hospitalization, or psychotic symptoms.

- A clinical presentation with severe physical symptoms (e.g. severe eating disorder, severe depression) that requires medical attention.
  - Moderate to severe substance abuse or dependence symptoms
  - Severe eating disorders
  - Repeated “acute” crises (e.g., occurring once a month or more frequently)
3. For a student to receive telehealth counseling, they must be physically located in a state where the provider is licensed (i.e., Alabama). Telehealth service cannot be provided to individuals who are outside of the state of Alabama (includes internationally). Restrictions may be waived under certain circumstances.
  4. Telehealth counseling appointments occur at the times agreed upon between you and your provider. If you miss your scheduled appointment, you must contact your provider or the SCS main office at (205)934-5816 in order to reschedule.
  5. Telehealth counseling cannot be provided students who are minors, unless this consent form is also signed by a parent or guardian.
  6. The laws that protect the confidentiality of your personal information and clinical treatment record also apply to telehealth counseling. As such, I understand that the information disclosed by me during the course of telehealth counseling sessions is generally confidential. However, there are exceptions to confidentiality, including, but not limited:
    - The student is in imminent danger of harm to self or others and it is necessary to ensure the student’s and/or other’s safety.
    - The provider has reason to suspect the presence of abuse or neglect of a child, an elderly person, or dependent adult; and must make a mandatory report to ADHR.
    - A SCS staff member is presented with a valid court order.
  7. I understand that my sessions via telehealth counseling will not be recorded by the SCS provider. I understand that the dissemination of any personally identifiable images or information from the telehealth counseling interactions to other entities shall not occur without my written consent.
  8. I understand that there are risks and consequences from telehealth counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of the psychological 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.

Another risk is that students may experience loss of confidentiality due to factors from the surrounding environment in which they chose to participate in telehealth counseling. Students are encouraged to ensure that no one else is in the room, not to participate in conversations while on speaker-phone, or to participate in a public space.

In addition, I understand that telehealth counseling may not be as complete as face-to-face services. I also understand that if my SCS mental health provider 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.

Finally, I understand that I may benefit from telehealth psychological counseling, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_