

## South Dakota School of Mines Telehealth Consent Agreement

To provide your consent for tele-mental health services, please read each of the items below.

\* I understand that South Dakota Mines can provide tele-mental health service. This means that I will meet with my counselor through an interactive video connection rather than in-person.

\* I understand that the benefit of tele-mental health is that I will have improved access to services when I am not on campus.

\* I understand that every reasonable effort will be made to assure the security of my protected health information, but that there are risks involved in this delivery system, including:

\* There is potential for someone to breach security protocols put in place. South Dakota Mines may therefore not be able to assure confidentiality.

\* If accessing the meetings on my home computer, my IP address will be stored on the software servers. I understand that the IP address is stored only during the duration of the meeting and removed at the end of the session.

\* I understand that other individuals may be present to run the video equipment and that they will take reasonable steps to keep the confidentiality of the information obtained.

\* I understand that you need to use a webcam or smartphone during the session.

\* I understand that the video connection may not work, or it may stop working during the session and that the video picture or information transmitted may not be clear on every meeting.

\* 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 the SDSMT Counseling 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 case of technical problems. My provider has explained to me how the technology will work.

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\* We need a safety plan that includes at least one emergency contact and the closest ER to your location in case of a crisis situation.

\* I will provide the therapist my email address for communication and for the links to join my telehealth session. To protect my confidentiality more fully, I understand that I may create a new email address with no identifying information for the purpose of this service.