

Consent to Counseling Services by Telecommunication

I have previously given my consent to receive counseling services (the "Services") from the University of Mary-Hardin Baylor Student Counseling Center (the "Center"). I am signing this Consent to Counseling Services by Telecommunication ("this Consent") to witness my acknowledgment and agreement to additional terms and conditions that apply to Services provided to me by telephone or videoconferencing.

I acknowledge the following:

1. In this Consent, "Counselor" means the counselors who provide Services to me from time to time.
2. Many of the benefits associated with in-person counseling services also apply to counseling services provided by telephone or videoconferencing, both which are referred to in this Consent as "Telecounseling Services." However, Telecounseling Services have some different risks and will require me to take specific actions to help ensure my confidentiality, as described below.
3. I have agreed with my Counselor to use the conferencing platform selected for our Telecounseling services, and my Counselor will explain how to use that platform.
4. My Telecounseling Services will be confidential. Neither the Center, my Counselor, nor I will record any telecounseling session without first getting my permission and my Counselor's permission.
5. I will need to use a webcam or smartphone during the session. I am fully responsible for paying any internet access charges, cellphone charges, or other expenses related to my use of a computer, the internet, or a cellphone during the Telecounseling Services.
6. In order to protect my confidentiality, I need to use a secure internet connection rather than public/free Wi-Fi.
7. I understand the need to be **on time** for every Telecounseling Services appointment just as if the Services were being provided in-person.

I agree to the following:

8. If I need to cancel or change an appointment for Telecounseling Services I will notify my Counselor in advance as early as possible by phone or email.
9. I will connect to the Telecounseling Services in a quiet, private space that is free of distractions. During the session I will turn off notifications from email and programs or applications and silence my cell phone or leave it in another room.
10. I will work with the Center to create a back-up plan to restart or reschedule a session in the event of technical problems, a dead battery, etc. A backup plan may be an alternate telephone number where the Center can contact me.
11. I will work with the Center to create a safety plan in case of a crisis situation, and I will provide at least one emergency contact and location of my nearest hospital emergency room.

Telecounseling Services are not appropriate for every situation. My Counselor or the Center will have the right to discontinue Telecounseling Services at any time.

Dated this _____ day of _____, 20____.

Client Printed Name

Signature

UMHB Student ID #