

Telehealth Consent

- I understand that Black Hills State University can provide tele-mental health services. This means that I will meet with my Therapist 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 how the technology will be used.
 - I understand that every reasonable effort will be made to assure the security of my protected health information. However risk involved with Tele-health include:
 - There is potential for someone to breach security protocols. BHSU cannot 100% guarantee 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 deleted at the end of the session.
 - I understand that the video connection may not work during scheduled appointment times and will need to reschedule or complete the scheduled appointment via telephone in the event of technical problems.
 - It is important to be in a private space free of distractions during the session.
 - It is important to use a secure internet connection.
 - It is important to be on time
- *If you need to cancel or change your tele-appointment please notify the BHSU Counseling Center in advance by phone or email.*
- I will complete a safety plan with my therapist during the initial tele-health appointment in the event of a crisis
 - I will provide the therapist my email address for communication and for the links to join my tele-mental health session.

By signing this document, I indicate I have read the tele-health consent and reviewed the Confidentiality Notice. I understand the risks and benefits of tele-mental health and have had my questions regarding the procedure answered. I hereby consent to participate in a tele-mental health visit under the conditions described in this document.

*Please utilize BHSU email address if possible

Name* _____

Email Address* _____

Phone Number* _____

Signature: _____