This Informed Consent for telemental health includes important information regarding psychotherapy or psychiatry services using the phone or the Internet. Please read the information carefully and complete the sections below. Signing this document represents an agreement for telemental health treatment provided by the Cox Health & Counseling Center staff to students located in the state of Ohio.

I, _____________________________ [print name of patient] hereby consent to engaging in telemental health as part of my psychotherapy and/or psychiatry services provided by the Cox Health & Counseling Center staff. I understand that “telemental health” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of mental health data, and education using interactive audio, video, or data communications.

I understand that I have the following rights with respect to telemental health:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical and mental health information also apply to telemental health. The extent of confidentiality and the exceptions to confidentiality that are outlined in the Cox Health & Counseling Center Professional Disclosure statement still apply in telemental health.

https://www.kenyon.edu/student-life/health-counseling/counseling-services/
Emergency Info:

In case of emergency, the location [physical address] where I will typically be for my telemental health sessions is:

Street: ____________________________________________________________

City, State: _________________________________

Zip Code: ________________________________

Cell Phone: ________________________________

Emergency Contact:

My emergency contact person [individual who is 18 years or older] is:

Emergency Contact's Name: __________________________________________

________________________________________

Emergency Contact's Phone: __________________________________________

[This person must be present in close proximity to you if you are NOT living on campus]
Telemental Health Informed Consent for Temporary Services during COVID-19
Kenyon College Counseling Services

Services provided include psychotherapy or psychiatry appointments via:

- Synchronous video conferencing on Google Meets, which has been identified as an appropriate platform, or by telephone services.
- Appointments will be scheduled by emailing counseling@kenyon.edu or calling (740) 427-5643 during regular business hours 8:30am-12pm (closed for lunch 12-1pm) and 1pm to 4:30pm.

Risks to confidentiality:

- Telemental health sessions may take place outside of the provider’s private office and so there is the potential for other people to overhear sessions. Cox Health & Counseling staff will take reasonable steps to ensure your privacy based on the location where they are present.
- It is important for you to identify a private space where you can have your sessions uninterrupted and where other people are not present to overhear. It is also important for you to protect the privacy of our session on your cell phone or other device.

Potential technology issues to be aware of include but are not limited to:

- It is recommended that when accessing telehealth services, students should be mindful of the risks of entering private information when using a public access computer, or one that is on a shared network, and are cautioned against using auto-fil usernames and passwords. Students should also consider employer policies related to use of work computers for personal communication.
- Technology services may be interrupted during a session. If there is a disruption in your video conference, please disconnect and wait a couple of minutes and then attempt to rejoin the video session. If you are having a session via telephone and get disconnected, please wait for the provider to call you back. In the event that the provider cannot reconnect with you during a session, then an email communication will be sent.
- Unauthorized people may be able to get access to these conversations due to inherent risks in electronic communication.
● Stored data could be accessed by unauthorized people or companies, although the College has taken reasonable steps to protect data stored on its systems from unauthorized access.

**Crisis management and intervention:**

- For immediate support outside of your scheduled appointment, please contact Campus Safety at (740) 427-5555 and request to be connected to ProtoCall.
- If it is deemed during a session that you are in crisis and require immediate support due to issues of safety to self or others, your provider will work to connect immediately with 911 to dispatch emergency personnel to your location. Your provider may also contact your identified emergency contact person if needed.

**Expectations for telemental health services:**

- Appropriate attire will be worn by all parties to any video conferencing sessions. A provider may choose to reschedule a session if there are any concerns related to attire.
- No recording of any sessions is permissible.
- Counseling appointments will begin at the scheduled time and will be rescheduled if tardiness impacts the effectiveness of the appointment time. All rescheduling can be done through counseling@kenyon.edu.
- Telemental health services are still intended to be temporary due to COVID-19 and we will return to offering in person appointments as soon as it is recommended to do so.
- Questions about electronic service delivery can be discussed with your provider.
CONSENT AND AGREEMENT OF PATIENT

I have read and understand the Cox Health & Counseling Center Informed Consent for telemental health services, and I agree to voluntarily participate in the services being offered. This consent and agreement will apply for so long as I receive telemental health services this academic year.

__________________________________________  __________________________
[Signature of patient]                        [Date]

If patient is under 18:

__________________________________________  __________________________  __________________
[Parent/guardian signature]                    [Date]                      [Print name]