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## **Middle Georgia State University Counseling Services TeleHealth Informed Consent Form**

I \_\_\_\_\_ hereby consent to engaging in telehealth with a Licensed Professional Counselor at MGA Counseling & Accessibility Services. I understand that “telehealth” includes the practice of education, goal setting, accountability, referral to resources, problem solving, skills training, and help with decision making. Telehealth psychotherapy may include psychological healthcare delivery, consultation, and psychotherapeutic treatment. Telehealth psychotherapy will occur primarily through interactive audio, video, telephone, email, instant messaging, and/or other data communications.

### **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 If consent is withheld or withdrawn, MGA students may request a referral to a local mental health provider.

(2) I must complete or have completed a virtual Pre-screening by a Licensed Professional Counselor at MGA before participating in telehealth. The MGA counselor will inform you if a referral for telehealth services is appropriate. Receiving telehealth services may be contraindicated with:

- Recent suicide attempt(s), psychiatric hospitalization, or psychotic processing (last 3 years),
- Moderate to severe major depression or bipolar disorder symptoms,
- Moderate to severe alcohol or drug abuse,
- Severe eating disorders,
- Repeated “acute” crises (e.g., occurring once a month or more frequently).

(3) For a MGA student to receive telehealth services, she/he must be physically located in a state where the telehealth provider is licensed (Georgia). Students that are not in Georgia will be referred to Be Well @ MGA.

(4) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; expressed threat to harm or kill self; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

(5) I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the Licensed Professional 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.

- In addition, I understand that telehealth-based services and care may not be as complete as face-to-face services. I also understand that if my counselor believes I would be better served by another form of intervention (e.g. face-to-face services) will be asked to make a face to face appointment or I will be referred to a mental health professional who can provide such services in my area.
- Finally, 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 psychological counselor, my condition may not improve, and in some cases may even get worse.

(6) I understand that I may benefit from telehealth psychological counseling, but that results cannot be guaranteed or assured.

(7) I understand that I have a right to access my personal information and copies of case records in accordance with Federal Law, Georgia Law and the GA Composite Board. I have read and understand the information provided above. I have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

(8) By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer based psychological counseling services.

- **If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area. I understand that emergency situations include if I have thought about hurting or killing either another person or myself, if I have hallucinations, if I am in a life threatening or emergency situation of any kind, having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.**
- **I acknowledge I have been told that if I feel suicidal, I am to call or 9-1-1, Suicide Prevention Lifeline at 1-800-273-8255 or contact other local suicide hotlines including**
  - **Georgia Crisis and Access Line (GCAL)**  
1-800-715-4225  
mygcal.com  
24/7 hotline for accessing mental health services in Georgia
  - **Crisis Text Line**  
Text 'GA' to 741741  
A free, 24/7 text line for people in crisis. Reach a trained counselor by text message.

○ **Be Well Mental Health Support Line**

833-646-1526

Call the 24/7 support line for:

- In the moment support for mental health issues
- Connections to next steps
- No-cost telehealth and in-person treatment sessions, provided by a network of licensed clinicians

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Printed name of client \_\_\_\_\_

Signature of Counselor \_\_\_\_\_ Date \_\_\_\_\_