

# SUNY POLYTECHNIC INSTITUTE

Wellness Center: Counseling Services  
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## CONSENT FOR TELEHEALTH SERVICES

### Introduction

Telehealth is the delivery of therapy services using interactive audio and visual electronic systems between a provider and a patient that are not in the same physical location. SUNY Polytechnic Institute's Wellness Center will always use a platform that is a HIPAA-compliant interactive electronic platform in order to ensure that we will protect the confidentiality of patient information and audio and visual data.

### What is Telecounseling?

Telehealth is defined as the use of two-way real-time interactive audio and video equipment to provide and support mental health services at a distance. This type of service will allow a student to be safe, but also receive the mental health services they need and deserve. Telecounseling may include mental health care delivery, diagnosis, consultation, and psychotherapeutic treatment.

### Student's Rights:

- I have the right to deny, withhold or withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my medical information also apply to Telehealth services. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the latter part of this document.
- I understand there are risks and consequences from Telehealth services, including but not limited to, the possible transmission of my information could be disrupted or distorted by technical failures.
- ***In addition, I understand that Telehealth services and care may not be as complete as face-to-face services.*** I also understand that if my counselor determines I would be better served by another form of therapeutic services (e.g. face-to-face services), I will be referred to a professional who can provide such services in my area.
- ***I understand that I may benefit from Telehealth services, but that results cannot be guaranteed or assured.***
- I understand my counselor will keep an electronic or written record of each session in an Electronic Medical Record.
- I accept that Telehealth services does not provide emergency services. During our first consultation, my counselor and I will discuss an emergency response plan. If I am experiencing an emergency situation such as having suicidal thoughts or making plans to kill myself I understand that I can call 911, proceed to the nearest hospital emergency room for help or call the **National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour hotline support immediately.**

## Technological considerations:

- SUNY Poly Wellness Center therapists will only use HIPPA compliant video services.
- It is the student's responsibility for securing their own computer hardware, internet access points, and password security.
- SUNY Poly is not liable for confidentiality breaches when they are caused by client error.
- SUNY Poly is not responsible for their student equipment failure, e.g. camera, and/or Internet service.
- SUNY Poly is not responsible for lapses in confidentiality that are in direct response to the students actions.
- If video services are not available due to an unplanned equipment or service malfunction, sessions will occur via telephone.
- It is your responsibility for securing and maintaining in good working order, free from malware, the necessary equipment, connectivity, applications you may require, in order to participate in telehealth services.
- I represent that I am using my own equipment to communicate and not equipment owned by another, and specifically not using my employer's computer or network. I am aware that any information I enter into an employer's computer can be considered by the courts to belong to my employer and my privacy may thus be compromised.

## Student's Responsibilities:

- I will not record any Telehealth counseling sessions without written consent from my provider. I understand that my provider will not record any of our Telehealth counseling sessions without my written consent.
- I understand that while I am using a secure platform to use Telehealth services, I am responsible for making sure my space is confidential for every session held.
- I will inform my provider if any other person can hear or see any part of our session before the session begins. The provider will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I must currently reside in the State of New York and be a registered student at SUNY Polytechnic Institute to be eligible for this service.
- I will provide an **emergency contact below**. I understand that this emergency contact will only be contacted by my provider during this temporary period of time IF my provider has reason to believe that I am currently a harm to myself or others and we are unable to safety-plan.
- I understand that if for any reason my Telehealth service gets disconnected, my provider will call me via the phone number I provided below.
- 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. If I am on campus, I may call University Police at 315-792-7111.
- I acknowledge I have been told that **if I feel suicidal, I am to call 9-1-1 or the National Suicide Hotline Toll-Free Number at 1-800-784-2433** or other local suicide hotlines.
- I understand the NYS Safe Act which is as follows:
- You will be treated with respect as will your right to confidentiality. Trust is an essential aspect of effective therapy. Both respect and the confidentiality of clients are of utmost importance.
- Your active participation in the counseling process is necessary if you want to make changes in your life.
- It is your responsibility to keep your scheduled appointments. If you need to reschedule or cancel an appointment, please do so at least **24 hours** in advance of that appointment. If we do not hear from you

within a week of your missed appointment, we may not be able to keep an appointment time open for you. If you frequently do not show for regularly scheduled appointments, we may no longer be able to provide you with services and may need to refer you to a provider in the community.

- Should you require services outside of the scope of practice or knowledge of the counselors at The Wellness Center, a referral off campus will be necessary to ensure you receive the treatment and care you deserve. The counselor will assist you in finding someone who can meet your clinical and financial needs.
- You will be appropriately and fully dressed as if you were attending face to face sessions.

### **Telecounseling may not be offered to me if I have experienced any of the following:**

- Recent suicide attempt(s), psychiatric hospitalizations, or psychotic disorders such as hallucinations and/or delusional behavior.
- Symptoms of bipolar disorder
- moderate to severe alcohol or drug abuse
- severe eating disorders
- repeated acute crises such as multiple suicidal threats and/or continual thoughts of suicide

## **Confidentiality**

Counseling sessions are strictly confidential. As licensed therapists we take this very seriously; and The Wellness Center adheres to state laws and professional ethical standards which require us to keep all client information in confidence. The Wellness Center is a combined medical and counseling center which means information between the disciplines will be shared as deemed appropriate for collaborative and coordinated clinical care. We will not disclose that you have had an appointment to others without your consent. Emergency circumstances, however, are an exception to confidentiality. These rare exceptions to confidentiality are:

- Imminent harm to self or others: If a staff member has reason to believe that you are in danger of physically harming yourself or someone else.
- Abuse of children or the elderly: If a staff member has reason to believe that a child under the age of 18 or an elderly person is being abused or neglected.
- Minors: Per NYS Mental Hygiene Law, a minor is required to have parental or guardian consent in order to receive outpatient mental health treatment. Parental/guardian notification has been explained to me and I am voluntarily seeking mental health services and I do not agree to have my parent/guardian notified.
- In legal cases, licensed mental health care providers or mental health records may be subpoenaed by the court.
- You may choose to contact your counselor through e-mail please know it is not a completely secure or confidential means of communication. It is advised in order to protect your confidentiality completely it would be best to share personal information with your counselor on the telephone or in your video session.
- ***Counseling records are securely maintained. Access to these files are limited to SUNY Poly Wellness Center professionals and administrative staff. Treatment records are kept for six years.***

