

**University of Nebraska-Lincoln
Counseling and School Psychology Clinic**

INFORMATION FOR USE OF INTERIM TELEHEALTH SERVICES

Due to the uncertainty and fluidity of the current public health crisis related to the novel coronavirus (COVID-19), the Counseling and School Psychology Clinic (CSPC) has temporarily suspended in-person therapy sessions. To minimize disruptions in clinical care we will be offering telehealth services via a secure HIPAA-compliant electronic videoconferencing system on an interim basis. Procedures to safeguard your child's Protected Health Information (PHI) are already in place at our clinic and will be extended to these videoconference communications. These communications incorporate network and software security protocols to protect your child's confidentiality.

CONSENT TO TELEHEALTH ADDENDUM

I, _____, consent for my child, _____, to take part in mental health treatment sessions using a HIPAA-secure videoconferencing system (Zoom) as described below:

- Zoom is an online communication tool allowing for face-to-face video and it is HIPAA-compliant. For more information about Zoom security and privacy, please visit: [Zoomcare.com](https://zoom.us/zoomcare)
- Zoom requires the use of an Internet browser on your computer, laptop, or smartphone. It does not require that you download any software.
- Appointments will be made via phone. Please be online at least five minutes prior to your child's scheduled session, to help minimize delays. If you need to cancel or change the telehealth appointment, you must notify the CSPC in advance by phone (402-472-1152).
- It is strongly recommended that your child engage in telehealth services in a space that you feel protects your child's privacy.
- For best picture and audio quality, a hardwired connection may be most suitable. A wireless connection will also work. Use of headphones will add additional privacy and security; headphones are encouraged, but not required.
- It is highly recommended that you use a password protected cell phone, tablet, laptop or personal computer for the telehealth sessions, to help protect your child's confidentiality. Whatever device is utilized should have video capability.

- Confidentiality should be treated like an in-office session; outside distractions should be minimized.

The following are potential risks of Zoom video therapy sessions:

- Any internet-based communication is not 100% guaranteed to be secure, private, and confidential. While the CSPC has procedure and safeguards in place to help protect personal health information, there are inherent risks of an outside party gaining access to the video feed.
- Technical problems could occur. If the video is disrupted, your child's therapist will attempt to reconnect and/or call back within ten minutes. If reconnection cannot occur, the session will be rescheduled.

The following information is about supervision, observation, and recording of sessions:

- The Counseling and School Psychology Clinic is a training clinic for students learning to provide mental health services for clients and families. To ensure quality of services, your child's therapist will regularly record telehealth sessions and will be assigned a supervisor with whom to consult concerning the progress of counseling.
- Supervisors and/or students within the same clinic training cohort may join and observe a telehealth session; the purpose of recordings and observations of sessions is to provide students with supervision on the counseling process.
- Recordings and observations will only be made to designated clinical staff (e.g., counselor, supervisor). Recordings will be maintained no more than one academic year.

The following information is about emergency-related procedures:

- A caregiver must be present at the same location as your child, for the duration of the telehealth session.
- Your child's therapist will work with you to develop a safety plan, in the event of an emergency or crisis situation during session. This plan includes identifying 1-2 emergency contacts.
- Should a crisis or emergency situation need immediate attention (e.g., risk of self-harm or harm to others), your child's therapist will request that you dial 911, or visit your nearest hospital, emergency department, or mental health center.

By choosing to sign this form, I acknowledge that I have been informed of information regarding telehealth, as well as informed of and understanding of the potential risks associated with using videoconferencing technology. I acknowledge that the while the CSPC has safeguards in place to protect my child's confidential information, I understand that the CSPC cannot and does not guarantee the privacy or security of any session content through videoconferencing. I agree to the terms and information listed above and I hereby voluntarily consent to using this platform for mental health services with my child's provider. I agree that the CSPC should not be held liable in the event that any outside party passes technology security and discovers personal or confidential information. This consent will last for the duration of the relationship with this clinic; however, I can withdraw my consent for a video therapy session at any time and the CSPC will work with me to find a suitable alternative option for care.

Client Name

Signature of Parent/Guardian

Date

Witness

Date