

Informed Consent for Counseling Services and Communication - Modified Services Protocol

This document provides you information about modified services being offered by Student Counseling Services (SCS) and supplements the Informed Consent for Counseling Services and Communication. SCS is offering these modified services due to all classes transitioning to online instruction and many students no longer residing on campus. During the online instruction period, SCS will provide treatment services to students that reside in Iowa by telephone or by video when appropriate. For students that reside outside of Iowa, SCS is able to provide only brief consultation and support planning by telephone due to state licensing issues. SCS will not offer on-site services during this period except in very limited circumstances as determined by SCS.

1. **ELIGIBILITY, SERVICES, APPOINTMENT REMINDERS AND NO SHOWS:** Enrolled ISU students are eligible for services using our modified services protocol as outlined above. SCS services are provided at no-charge to the student except for minimal charges when testing is recommended. It is important to provide accurate cell phone and email contact information so appointment information can be sent to you. Only students that complete the necessary consent paperwork via SCS web forms will be eligible for services.
2. **SCHEDULING PROCEDURES:** Students interested in receiving these services will contact the main SCS phone number (515-294-5056) and request services. Students will be sent an email to the email address provided with a link to SCS web forms that will allow them to complete consents and provide information on their concerns and needs. Students will be scheduled for the appropriate appointment with an SCS staff member. When participating in video based services, email notifications will be sent with directions on how to access the service. SCS will use your name and email address to initiate scheduling in the system. Requests for services are provided same day in most circumstances.
3. **PRIVACY OF INFORMATION:** SCS shall continue to protect the privacy of the information exchanged while receiving services by telephone or video in accordance with the guidelines outlined in the Informed Consent for Counseling and Communication Consent.

For more detailed information about the SCS privacy of information please see our **Notice of Privacy Practices** which is available as a hardcopy in the SCS waiting room or electronic copy on our website. You may also request a copy from our front-desk staff.

4. **ADDITIONAL RISKS ASSOCIATED WITH TELEHEALTH:** The provision of services by telephone or video creates risks in addition to those identified in the Informed Consent for Counseling and Communication Consent. These include, but are not limited to the possibility that, despite reasonable efforts on the part of the counselor, the transmission of personal information could be disrupted or distorted by technical failures and the transmission of personal information could be interrupted or intercepted by unauthorized persons. When attending video based appointments it is important to use a secure internet connection rather than public/free Wi-Fi. During the University's online instruction period, some SCS providers may be located away from SCS offices, typically in their homes. Clients will be verbally informed of the location of their provider. Providers will do their best to secure confidential space, but soundproofing and protection from interruption by other members of households cannot be guaranteed. Similarly, clients should be mindful of the privacy and security of their own physical environment. Service provided by telephone and video conferencing may not be as complete as face-to-face services. In most cases, remote practitioners will have access to the clinical scheduler and documentation system, but that access is not guaranteed either. When practicing in the absence of access to the case documentation, counselors may be working with limited background information.
5. **EMERGENCY CRISIS/SITUATIONS:** In any mental health service situation, a small number of people do not respond or improve. We depend on you to follow the procedures below, if you are in crisis:
 - If you are an imminent danger to yourself or others, call 911 or have someone take you to an emergency room at the nearest hospital.
 - If you are in crisis, you can contact SCS for a crisis consultation during business hours, call the National Suicide Prevention Lifeline at 1-800-273-8255, or by Texting "ISU" to 741741
6. **REMOTE SERVICES MONITORING AND EMERGENCY CONTACTS**
 - To monitor and respond to anyone who is struggling or deteriorating that is receiving our care via remote means, we ask that you provide emergency contact information and permission to contact when needed. If we are concerned

about you and we lose contact with you or if you are showing signs of being in real trouble we require that we have permission to contact someone to insure your safety. Consistent with national standards in telehealth, we require contacts be identified as well as local resources.

- Provide the name and location of a close personal contact (such as a parent or spouse)
 - i. Name:
 - ii. Location:
 - iii. Phone:
- Identify local emergency resources (such as local police department):
 - i. Name:
 - ii. Phone number:

7. PERMISSIONS

- If I show signs of deterioration or distress that indicate I may be in danger, I grant SCS staff permission to contact me by phone. _____ (Initial)
- If I show signs of deterioration or distress that indicate I may be in danger, and I fail to respond to phone messages, I grant SCS staff permission to contact my personal contact to verify my well-being _____ (Initial)
- If I show indicators that I may be at serious risk for self-harm or harm to others, I understand that SCS is required to contact the personal contact above to insure my safety. This may also take the form of a wellness check by contacting my emergency resources and/or my local police department _____ (Initial)

I affirm that I have read, understand and agree to abide by the information, terms and conditions contained in this Informed Consent for Counseling Services – Modified Services Protocol form. I understand that I can discuss with SCS counselor any questions about the information contained in this form, or any other aspect of SCS services. I hereby give my consent to Student Counseling Service (SCS) to provide telehealth services.

Signature

Date

Printed Name

Date of Birth

ISUID