	East Central University Student	Counseling Center				
	Informed Consent for Tele-N	_				
Client Name:	Client Name:Location for Session:					
Phone Number:	Address:					
Name & Phone # of Emergency Contact	in your location:					
Nearest Emergency Room or Crisis Men	tal Health Agency:					
Agency Name:	Phone:	Address:				
This document is an addendum to East Centraspects of informed consent for treatment in		ter's standard informed consent and does not replace it. All health (TMH) treatment.				
counseling services to East Central University or assured. You are not required to use TMH affecting your right to future care or treatmet TMH services may not be appropriate, or the	y students during major crises, such as and have the right to request other s ent at East Central University Student best choice of service for reasons incl mmunications technology; significant	uding, but not limited to: heightened risk of harm to oneself or communications service disruptions; or need for more intensive				
however, additional risks including: • Sessions could be disrupted, delayed, or co	mmunications distorted due to techn	to applicable laws in similar ways as in-person services. There are, ical failures.  uditory cues and increase the likelihood of misunderstanding one				
<ul><li>another.</li><li>Your counselor may determine TMH is not presents barriers to treatment.</li></ul>	an appropriate treatment option or st	top TMH treatment at any time if your condition changes or TMH				
• In rare cases security protocols could fail a	nd your confidential information could	d be accessed by unauthorized persons.				
East Central University Student Counseling C and procedures:	enter works to reduce these risks by c	only using secure videoconferencing software and these policies				
You may only engage in sessions when you	are physically in Oklahoma. Your cou	nselor will confirm this each session.				
• You and your counselor will engage in sessi						
		ord your sessions without your written consent. location who the counselor may contact if you are in crisis and				
your counselor by email, do not include priva	ate information, and do not expect a p	t access or respond to emails quickly. If you choose to contact brompt response. If you need to reach your counselor between unications will be stored electronically as treatment records.				

## **TECHNICAL PROBLEMS**

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. If you are unable to connect, or get disconnected, please try to connect again and if problems continue call the ECU Student Counseling Center.

## **IN CASE OF EMERGENCY**

If we believe you are in crisis and we are unable to contact you, we may call your emergency contact or local emergency services providers to ensure your safety.

ECU Student Counseling Center is open from 8am-5pm, M-F, on normal business days during the academic year. ECU Student Counseling Center cannot provide 24-hour emergency management, particularly to those using services at a distance. If you are in crisis outside of normal hours, you agree to:

- Call the National Suicide Prevention Lifeline (1-800-273-8255) to speak with a counselor (24 hours)
- Contact the Crisis Text Line: https://www.crisistextline.org/; or text HOME to 741741 (24 hours)
- Call the Mental Health Crisis Emergency Hotline: 1-800-522-1090 (24 hours)
- Go to the nearest emergency room or crisis mental health agency

have read and understand the above information and all my questions have been answered. I hereby give informed consent to use Tele-Mental
Health in my care.

Signature of Client (or authorized person)	Date		
If authorized signer, relationship to client			