

CLIENT NAME \_\_\_\_\_

# UNLV PRACTICE

A UNLV Community Mental Health Clinic

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## The PRACTICE INFORMATION & SERVICES – ADDENDUM Telemental Health Services Consent

This document is an addendum to the PRACTICE's Information and Services Consent to Treatment. This document covers telemental health sessions or communication that may be offered to our clients, as needed, to manage or provide care. Telehealth is a broad term that refers to mental health services and information provided electronically or with the use of technology. Telehealth may consist of email communications, telephone conversations and/or HIPAA compliant teleconferencing. Telemental health may include mental health education, diagnosis, consultation, treatment, and referrals to resources.

**Email, telephone and voicemail:** You and your counselor/therapist may agree to communicate using these methods to manage your care. The PRACTICE cannot and does not guarantee the privacy or security of any session content or communication sent through the internet, phone, or email. There is potential that communications via emails, phone calls, or voicemails can be intercepted and reviewed by others, and it is possible that there could be disruptions to therapy due to technological difficulties. Although all voice mails and emails are kept confidential by The PRACTICE, choosing this method may lead to your information not being protected. If you agree to communicate with us in this manner, you must understand the risk and consent to using emails and phone numbers that you specify at the end of this document.

**Videoconferencing (ZOOM):** Videoconferencing is an option for conducting remote therapy/counseling sessions over the internet where you will be able to speak to and see your counselor/therapist on a screen. Both you and your counselor/therapist must be in Nevada to conduct telemental health sessions. Your counselor/therapist may recommend videoconferencing to conduct sessions when deemed clinically and logistically appropriate or necessary. Use of videoconferencing is completely voluntary.

At the clinic, we use ZOOM as a HIPAA compliant, secure, internet-based, video-conferencing platform. We have taken measures to ensure that this is an encrypted platform to protect your privacy. ZOOM requires the use of a browser but does not require any software download.

Despite reasonable efforts on the part of The PRACTICE, there are risks and potential consequences from telemental health care, including, but not limited to the possibility that the transmission of information could be disrupted or distorted by technical failures; the transmission of information could be interrupted by unauthorized persons; or the electronic storage of health information could be accessed by unauthorized persons.

While it is our priority to provide continuity of care for you, telemental health-based services may be contraindicated or may not end up being a good fit. If your counselor/therapist believes you would be better served by another form of therapeutic services (e.g. face-to-face services), you may be offered these services at The PRACTICE or referred to a different provider who can provide the care you need.

Likewise, should you decline telemental health services at any time, your counselor/therapist may agree to provide face-to-face services or recommend these services in the community.

If you and your counselor/therapist utilize videoconferencing, I agree:

- To only communicate through a computer or device that I know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).
- To increase security, that Zoom will be the only application open during my sessions.
- To receive an email with a link to my individual Zoom call. I understand that this email will also contain a password to join the call. I understand that without this unique password, no one else will be able to join my session.
- To "join" my Zoom meetings at the scheduled time and be online at least 5 minutes prior to the session. (I can connect to the Zoom meeting by clicking on the link in a confirmation email from my counselor/therapist.)
- That my counselor/therapist agrees to be available during my scheduled appointment, but may promptly end a session when time is up in order to meet with other individuals.
- To enhance the effectiveness and privacy of my session:
  - To block out a distraction-free period of time and inform others in advance that I will be unavailable.
  - To choose a private location to conduct the session where I can be alone with the door closed. I understand that headphones add additional security.
  - To use a hardwired connection (via LAN cable) rather than a wireless one for best picture and audio quality (if possible).
  - To silence my cell phone (but keep it handy in case my counselor/therapist needs to call me).
  - To discontinue the session at my therapist/counselor's direction if my privacy appears to be compromised and clinical care is compromised.
- To develop a safety plan with my counselor/therapist, including identifying one or two emergency contacts, in the event of a crisis situation during my session.
- To provide my counselor/therapist a good phone number to reach me. In the event of a technology breakdown, causing a disruption of the session, my counselor/therapist will call my telephone to trouble shoot the issue or finish the session by phone.
- To be responsible for covering any costs incurred cost from participating in telehealth (i.e. cost of phone call, use of minutes or date from a phone plan).
- That I am not permitted to and will not record my sessions.

**The PRACTICE INFORMATION & SERVICES – ADDENDUM**  
**Telemental Health Services Consent**  
**Signature Page**

I have read or had explained to me The PRACTICE’s addendum for the use of telehealth services. I have had an opportunity to have my questions answered. I assume all liability for any risk to the privacy and security of my (or my child’s) information as a result of using telehealth methods, and release UNLV, The PRACTICE and representatives of each respective institution from any such liability.

**Consent to communicate by email, telephone and voicemail:**

- 1. I consent to using **email** communication using the following email: \_\_\_\_\_
- 2. I consent to conducting sessions or communicating about my care using the following **cell number**: \_\_\_\_\_
- 3. I consent to my therapist leaving me confidential **voice mail** messages on the above cell number:

YES \_\_\_\_

NO \_\_\_\_

\_\_\_\_\_  
Client (or Responsible Party)  
Signature

\_\_\_\_\_  
Date

**Consent to videoconferencing:**

I consent to telemental health counseling/therapy sessions via ZOOM for myself and/or my child.

\_\_\_\_\_  
Client (or Responsible Party)  
Signature

\_\_\_\_\_  
Date