



**Counseling Services**  
Pennell House  
Second Floor  
[counselingservices@antiochcollege.edu](mailto:counselingservices@antiochcollege.edu)  
Hours: 8:30 am – 5:00 pm  
Phone: (937) 319-0070

**INFORMED CONSENT CHECKLIST FOR TELEMENTAL HEALTH SERVICES**

*Prior to starting video-conferencing services, please acknowledge that you understand and agree to the following. Feel free to contact [counselingservices@antiochcollege.edu](mailto:counselingservices@antiochcollege.edu) if you have any questions or concerns prior to completing:*

- There are potential benefits and risks of videoconferencing (e.g., limits to confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the student/client. There is no way to guarantee that the session is 100 percent secure as with any type of technology the challenge to remain secure is fluid and ever changing.
- Maintaining HIPAA compliance, we agree to use the video-conferencing platform selected for our virtual sessions, and the provider will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the provider in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis.
- As your provider, I may determine that due to certain circumstances, telehealth services are no longer appropriate and that we should resume our sessions in-person or refer you to a licensed counselor in your area that can see you in-person. We are currently utilizing telehealth due to COVID-19 in a limited capacity. Ultimately, we still maintain that face-to-face interaction optimizes patient care and our ability to provide optimal care.

Emergency Name and contact information: \_\_\_\_\_

Name and location of the closest emergency room: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_