This statement of understanding has been prepared to help explain policies and procedures related to telehealth services provided by our therapists. Please review any questions that you have with your provider. As a client receiving mental health services through telehealth methods, you understand:

1. This service is provided by technology (including but not limited to phone, video, text, and email) and may not involve direct, face to face, communication. There are benefits and limitations to this service. You will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.

2. If a need for direct, face to face services arises, it will be your responsibility to contact providers in your area to arrange services. You understand that an opening may not be immediately available.

3. You may decline telehealth services at any time without jeopardizing your access to future care, services, and benefits.

4. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. Other Wright State University Counseling and Wellness staff, those authorized by the client, and those permitted by law may also have access to records of electronic communications. You and your provider will regularly reassess the appropriateness of continuing to deliver services to you through the use of technology.

5. In emergencies, in the event of disruption of services, or for routine or administrative reasons, it may be necessary to communicate by other means.
   a. In emergencies, go to your nearest emergency room, call 911 or contact Raider Cares at 1-833-848-1765 (TTY: 1-314-485-4345).
   b. In the event of a disruption of service, your provider will attempt to immediately contact you again. You may also contact Raider Cares at 1-833-848-1765 (TTY: 1-314-485-4345) for support. Your provider will arrange an alternate time to connect with you.
   c. For other communication, call Counseling and Wellness Services at (937) 775-3407. Routine messages will be responded to by your provider within 2 business days.

6. It is your responsibility to maintain privacy on the client end of communication. To ensure client safety and privacy, you agree to do your best to participate in the phone session from a private location.

7. Mental health therapists have a duty to warn if there is an indication that our client is a danger to themselves or others. We will verify the following information at the start of the phone call:
   a. You must be located within the State of Ohio
   b. Treatment will be problem focused and relatively brief (sessions around 30 minutes or less).
   c. You will be asked to provide the address of your current location and may be asked to verify the telephone number where you can be reached.

8. Telehealth services provide many conveniences and advantages. However, not all mental health concerns are clinically appropriate for sessions over the phone. Your provider may recommend a referral for alternate services based on your specific concerns. Your provider will regularly reassess the appropriateness of delivering services through technology.

9. The laws and professional standards that apply to in-person mental health services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.
STATEMENT OF UNDERSTANDING: I have read the above statement and fully understand these policies and procedures of the WSU Counseling and Wellness Services. I understand the benefits and limitations of telehealth services.

Client signature: ___________________________ Date: ___________________________

Local Address: ___________________________ Emergency contact: ___________________________

______________________________
______________________________