

# University of Vermont

## Center for Health and Wellbeing

# AUTHORIZATION AND CONSENT FOR TELEHEALTH CONSULTATION

**The purpose of this form is to obtain consent to participate in telehealth consultations with the Center for Health and Wellbeing (CHWB) at the University of Vermont. It is the purpose of telehealth to provide an alternative option for medical and mental health services to students in lieu of traveling to on-campus CHWB offices.**

### **1. Use:**

For the purposes of this document, "telehealth" refers to the delivery of medical and mental health services through telephone and/or through live interactive audio and video conferencing technologies. The use of telehealth is subject to the discretion of CHWB and is based upon the assessment of a student's medical and mental need. In cases where telehealth services may not be appropriate, your CHWB provider may recommend in-person consultations or will help you establish referrals to appropriate services or resources.

In order for a student to receive telehealth consultation, they must be physically located in a state where the provider is licensed. In general, all CHWB providers are licensed, or working under the license of a provider, in the state of Vermont. If you are receiving services from a CHWB provider while located in another state, different laws regarding mental health services and confidentiality may limit and/or restrict these services.

Telehealth consultations cannot be provided in international jurisdictions.

### **2. During the telehealth consultation:**

- a. Your telehealth consultations may utilize audio, video or other electronic method utilizing a secure telecommunications software provided by UVM.
- b. Details of your medical history and current health obtained during your telehealth consultations may be discussed with other health professionals in order to provide you care.
- c. Telehealth consultations are private. It is strongly recommended that you attend your telehealth visits from a private location where you are able to control and limit access.

- d. Video, audio, and/or digital photos may be recorded during your telehealth consultations. CHWB will only record consultations if you provide consent.

### **3. Medical Information and Records:**

All existing privacy laws, including the Family Educational Rights and Privacy Act (FERPA), continue to apply to any information collected during your telehealth consultations. You have the right to access your personal information and copies of case records in accordance with Federal and Vermont law. CHWB is not a HIPAA covered entity; however, your information is protected under FERPA.

### **4. Confidentiality**

The laws protecting the confidentiality of your personal information and health record also apply to telehealth. As such, health information disclosed by you during the course of a telehealth session is generally considered confidential. Reasonable and appropriate safeguarding efforts have been made to reduce confidentiality risks associated with your telehealth consultations.

### **5. Technology Risks:**

The use of telehealth to deliver healthcare and educational services is a complex technology and may not be equivalent to direct provider care. When using a computer to connect to telehealth services, the most reliable backup is a phone.

Non-medical technical personnel may be present during telehealth in order to aid/troubleshoot telecommunication technology. In such cases, your provider will inform you of anyone else in the room and will ask you for your permission for those personnel to be present.

### **6. Rights:**

This consent may apply to more than one encounter as part of your individualized treatment plan. As such, you may withhold or withdraw consent to participate in telehealth consultations at any time without affecting your right for future treatment and care. You have the right to inspect all information from your telehealth consultations and you may request to receive copies of this information.

### **7. Emergency Contact:**

If you are in crisis or in an emergency, you should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in your immediate area.

In order for the provider to help you in case of an emergency and for your safety, you must inform your provider of your location during telehealth appointments and inform them if this location changes.

### **Signature:**

I have read and understand the information provided to above regarding telehealth. I hereby give my informed consent for the use of telehealth in my medical and mental health care. \*\*

\*\* Electronic Signature of Patient: