

**Consent to Telebehavioral Health (Audio only or Audio-Video) Services – Adult Client or Parent/Guardian Consent**

Revised Sept. 2020

*I, the undersigned **Adult Client or Parent or Guardian of a Minor or Dependent Client**, hereby agree and consent to Telebehavioral Health services through the **TAMU Psychology Clinic (“the Clinic”)**, as set forth more fully herein.*

I acknowledge and agree that:

- Telebehavioral Health services (audio only or audio-video tele-appointments) have benefits. For example, I can continue services when unable to leave my home or safely travel to the Clinic. Also, some risks exist, for example, depending on where I am located, my tele-appointments may be less private compared to in-person appointments in the Clinic and the quality and reliability of a connection can be poor during tele-appointments.
  - My tele-appointments have the same limits of confidentiality described in the original consent for services I signed. For example, if I (or my child who is the client) become an immediate danger to myself or to others, Clinic staff will include other people to develop a safety plan, including the Emergency Contacts I listed in the Informed Consent for Specific Situations form.
  - I will plan with my therapist about what to do if my internet, Wi Fi, or telephone connection becomes disconnected or poor during a tele-appointment. I will NOT audio or audio-video record any part of my tele-appointment.
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- **[For Minor or Dependent Client Only] As Parent or Guardian:**
    - I give my permission to provide tele-appointment services directly to my child.
    - I know I am required to be present or near-by, during tele-appointments with my child and provide an alternate way to be reached if our internet, Wi Fi, or telephone connection is poor or disconnected.
    - I may discuss whether or not tele-appointments are effective or appropriate, given my child’s age, developmental level, or other specific aspects of my child or the services she/he needs.
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- If my therapist and his/her faculty supervisor decide that tele-appointments are not appropriate or advised for me, I will discuss this with my therapist and plan for options available.
  - I need to be in a quiet, private room (NOT a moving vehicle) without distractions and on-time for my tele-appointments. I will NOT use a speaker-phone or other loud speaker function and will consider using earbuds or headphones so that others in nearby rooms cannot overhear me.
  - I will not be charged for an initial tele-services set-up appointment. If my therapist and I decide to meet further for tele-appointments, the Clinic will charge and collect fees from me at the rate agreed to for in-person services.
  - If I need to cancel or change my appointment time, I will call 979-845-8017. As with in-person appointments, to avoid failure-to-cancel fees, the Clinic requires a telephone call from me to cancel or reschedule a session TWO (2) hours or more before my scheduled appointment.
  - I can withdraw my consent for tele-appointment services at any time by speaking or writing to my therapist.

*By checking the box below marked "**Accept**", I hereby state that I have read, understood, and agree to the terms of this document and hereby consent to Telebehavioral Health services from **the Clinic**, as set forth in this document.*

Accept

*If I DO NOT ACCEPT, I may not proceed yet with Telebehavioral Health services from **the Clinic** except to arrange how to discuss alternate services or be more fully informed of the consent terms, as set forth in this document.*