1. I understand that “Tele-health” and “Tele-counseling” (hereby referred to as “teleservices”) include secure videoconferencing, telephone conversations, and education using interactive audio, video, or data communications.

2. Unless I explicitly provide agreement otherwise, teleservices exchanges are strictly confidential. Any information I choose to share with my therapist and/or health care provider will be held in the strictest confidence. My private information will not be released without my consent except in cases where a subpoena is issued by a court of law. In New York State, providers are required to notify authorities if they become convinced a client/patient is about to physically harm someone else, harm themselves, or if they are abusing or about to abuse children, the elderly, or the disabled. This includes behavior that puts the general public at risk of physical safety.

3. I understand that teleservices are provided in the state of New York, USA, and the provisions are governed by the laws of that state.

4. I understand that I have the right to withdraw or withhold consent from teleservices at any time. I also have the right to terminate treatment at any time.

5. While teleservices will be conducted primarily through FERPA compliant videoconferencing, I understand that there are always some risks with teleservices including, but not limited to, the possibility that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my information could be intercepted by unauthorized persons, and/or the electronic storage of my medical information could be accessed by unauthorized persons.

6. I will work with my therapist and/or medical provider to identify an alternative communication method (most often phone) in the event that the videoconferencing tool fails.

7. I understand that I may benefit from teleservices but that results cannot be guaranteed or assured.

8. **I understand and accept that teleservices are not set up for immediate crisis.** If I am experiencing a medical emergency, the protocol would be to go to the Emergency Department at St. Lawrence Health Systems. For a mental health emergency, I can call the College Counseling Center to set up a crisis teleservices appointment during business hours. I can also call University Police at 315-267-2222 or 911 in these cases. If I am having suicidal thoughts or making plans to harm myself, I may also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour hotline support.
9. I will be responsible for the following:
   a. Providing the computer and/or necessary telecommunications equipment and internet access for our teleservices sessions,
   b. Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teleservices appointments.

10. I agree not to record teleservices sessions.

11. I agree to be dressed as if I were attending an in-person appointment and to show my face live on the camera.

12. I have the right to access my medical and mental health information and also to obtain copies of my records in accordance with FERPA privacy rules and applicable state law.

13. I understand that teleservices delivered by my provider are required by law to take place within New York State unless my state specifically permits a NYS provider to provide services outside of the state.

14. If I lose contact with my provider, or fail to show for a scheduled videoconference, and my provider is concerned for my safety, I understand that they will contact me by phone to check on my well-being. If I do not attend your videoconference appointment and do not answer the phone call, my emergency contact or my local police to do a wellness check.

YOUR HEALTH PROVIDER WILL REVIEW THIS WITH YOU AT YOUR FIRST APPOINTMENT.

Please type your name, date of birth, and today's date indicating your consent to teleservices, as stated above, provided by Student Health Services or the College Counseling Center @ SUNY Potsdam.
(Freetext box here for name and date)