

**Western Carolina University
McKee Assessment and Psychological Services Clinic**

Informed Consent to Tele-assessment Services

Client Name: _____ DOB: _____

Client Location for Tele-assessment Services: _____

This document is an addendum to the Western Carolina University McKee Assessment and Psychological Services standard informed consent and does not replace it. All aspects of informed consent for treatment in that document apply to tele-assessment services. Tele-assessment is a form of psychological assessment and evaluation service provided via internet technology, which can include interviews, surveys, and other interactive tasks using interactive audio, visual, or data communications. I also understand that tele-assessment involves the communication of my medical/mental health information, both orally and/or visually.

Tele-assessment has the same purpose or intention as psychological, educational, or neuropsychological assessment sessions that are conducted in person. However, due to the nature of the technology used, I understand that tele-assessment may be experienced somewhat differently than face-to-face, in-person assessment sessions.

I also understand that some measures used in tele-assessment may not be as precise or accurate as they would be in face-to-face, in-person assessment sessions. This is because some measures used in tele-assessment are being administered in a way that they were not specifically developed to be administered. I further understand that the evaluator knows and understands these issues and will use the data in a way to maximize their accuracy and work with any unsure circumstances. This may include adding more measures to evaluate areas that are unclear, and it may include not being able to make as specific conclusions, decisions, or recommendations as would be possible in face-to-face, in-person assessment services.

Tele-assessment services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with, communications technology; significant communications service disruptions; or need for more intensive services. In these cases, your graduate student clinician and supervising faculty psychologist will help you establish referrals to the appropriate services.

I understand that I have the following rights with respect to tele-assessment services:

- 1) I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled.
- 2) I understand that the laws that protect the confidentiality of my mental health information also apply to tele-assessment.
- 3) I understand that the same laws that give me the right to access my mental health information and copies of mental health records in accordance also apply to tele-assessment services.
- 4) I understand that the dissemination of any personally identifiable images or information from the tele-assessment interaction to other entities shall not occur without my written consent.

I understand that tele-assessment services are conducted and documented in a confidential manner according to applicable laws and in similar ways as in-person services. There are, however, additional risks including:

- I understand there are risks and consequences of participating in tele-assessment, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my evaluator, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
- I understand there is a risk that services could be disrupted or distorted by unforeseen technical problems.

- I understand tele-assessment may lack visual and/or audio cues, which may increase the likelihood of misunderstanding each other.
- I understand there is a risk of being overheard by anyone near me if I am not in a private room while participating in tele-assessment. I am responsible for (1) providing the necessary computer, telecommunications equipment, and internet access for my tele-assessment sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my tele-assessment sessions. It is the responsibility of the evaluator to ensure the same on their end.
- In addition, I understand tele-assessment services and care may not be as complete as face-to-face services. If my evaluator believes I would be better served by another form of therapeutic services (e.g., face-to-face services), I will be referred to a professional who can provide such services in my area.
- I understand that I may benefit from tele-assessment, but that results cannot be guaranteed or assured. There are potential risks and benefits associated with any form of psychological assessment, and that despite my efforts and the efforts of my evaluator, my condition may not improve, and in some cases may even get worse.
- Since tele-assessment may not be as complete as in-person services, I understand that it may be determined that tele-assessment is not an appropriate option and services can be stopped at any time. In such cases we will ethically approach concerns and obstacles to service(s) as necessary.
- I accept that tele-assessment does not provide emergency services. Tele-assessment may not be appropriate if you are having a crisis, acute psychosis, or suicidal or homicidal thoughts. Clients who are actively at risk of harm to self or others are not suitable for tele-assessment services. If this is the case or becomes the case in future, my evaluator will recommend more appropriate services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

Emergency Contact

If you are ever experiencing an emergency, including a mental health crisis, please call 911, CAPS 828-227-7469 (for WCU students), Suicide Hotline 1-800-273-8255, Crisis Text Line at 741741, your local Mobile Crisis line, or go to your nearest emergency room. A list of local resources can also be provided.

When receiving tele-assessment services, it is also required that you:

- I, the client, must be a resident of North Carolina. (This is a legal requirement for mental health professionals practicing in this state under a North Carolina license.)
- Only engage in sessions when you are physically in North Carolina. Your provider will confirm this each session.
- Verify identity with a picture identification (Student ID, Driver’s License).
- Engage in tele-assessment sessions only from a private location where you will not be overheard or interrupted.
- Use your own computer or device, or one owned by WCU that is not publicly accessible.
- Be on time. If you need to cancel or change your tele-assessment appointment, please notify the student clinician and/or the McKee Clinic at least one day prior to your session.
- Ensure that the computer or device you use has updated operating and anti-virus software.
- Do not record any sessions, portions of sessions, or take a screenshot at any time. The McKee Clinic will not record your session without your consent.

I have read and understand the information provided above. I have discussed it with my provider, and all of my questions have been answered to my satisfaction.

By entering my name and the name of your child (when applicable) below, I consent to participate in a tele-assessment services through Western Carolina University’s McKee Assessment and Psychological Services Clinic.

Name of client: _____

Date: _____

Guardian/Client Signature: _____

Date: _____