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## ADDENDUM CONSENT TO SERVICES DISTANCE COUNSELING or TELEMENTAL HEALTH (TMH) SERVICES

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### **Eligibility**

Services of the Ka'au Program for Student Mental Health & Wellness (Ka'au Program) are for students enrolled at Kapi'olani Community College (KapCC).

Eligibility and acceptance for TMH services will be based on appropriateness. TMH services are most suitable for clients over the age of 18 years-old who have either previously engaged in formal counseling services and/or are seeking short-term support for issues that are unrelated to major crisis, severe mental health issues, suicidal, homicidal or violent behavior (past and present). If it is determined that TMH is not in your best interest alternative therapeutic interventions will be recommended.

TMH services are *not intended* for students who have a history of major psychiatric episodes, hospitalizations or drug/alcohol dependence; have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally Ill/Chemically Addicted (MICA), and/or Schizophrenia or; have a history of suicidal, homicidal or violent behavior or present as suicidal, homicidal or violent.

**If you are considering suicide, or believe yourself to be a potential safety threat to others, call 911, the State ACCESS Crisis Line (808) 832-3100, or seek emergency care at a local hospital.**

### **Full Mental Health Disclosure & Provider's Right To Refuse**

If you have any history of major psychiatric episodes, hospitalizations or drug/alcohol dependence or have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally Ill/Chemically Addicted (MICA), and/or Schizophrenia.

**YOU MUST *disclose this information to your counselor prior to being considered for TMH services.***

Failure to do so or knowingly misleading or withholding the above said information excludes Ka'au Program's mental health counselors from any legal obligation or liability related to your diagnosis, prognosis, outcome and actions.

If it is deemed at any point in the treatment that your needs are greater than your counselor's area of expertise or scope of practice and you are unsuitable for TMH services, your counselor reserves the right to refuse and/or end treatment and provide appropriate referral sources.

### **Nature of Tele Mental Health (TMH) Services**

Telehealth is a broad term that refers to health services and information provided electronically and has been defined as the practice of mental health specialties at a distance. TMH is also known as distance counseling, E-therapy,

teletherapies, cybertherapy, telepsychiatry, telepsychology, telemental health, and telebehavioral health. TMH may be facilitated via video conferencing, email, text messages, chat tools, and/or telephone. TMH is subject to all practice and ethical considerations discussed in this document and stated by the laws, rules and regulations governing licensed practice in the State of Hawaii.

### **Potential Benefits**

- Increased access to care.
- Increased convenience.
- Possible cost savings by eliminating the costs for travel and time.
- Barrier removal. Those who struggle with certain conditions might feel less threatened by online counseling than by in-person sessions.
- Accommodates stigma and/or privacy concerns inherent in in-person services.
- May allow for more authentic emotional expression.
- Equal effectiveness. The growing body of research on TMH indicates that it (specifically the use of videoconferencing) can be an effective mode of treatment with equivalent therapeutic alliance ratings to face-to-face therapy.

### **Potential Risks**

- Increased difficulty assuring confidentiality and verification of student's identity.
- Cannot guarantee privacy and confidentiality. There is potential for people to overhear sessions if both counselor and student are not in a private place.
- Potential for interception of sensitive data.
- Potential for technical difficulties and service interruptions to occur.
- Increased difficulty with unexpected crisis intervention. Counselor and student must develop an emergency plan and procedures.
- Inability to see context of communication. The ability to see the details of facial expressions and nonverbal communication is limited. More than 80% of communication is nonverbal.
- Increased difficulty administering assessment tools.
- Lack of infrastructure and technological competence.
- Limited access to needed equipment and private space.

### **Confidentiality**

The extent of confidentiality and the exceptions to confidentiality that are outlined in the Informed Consent still apply in TMH services.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person therapy. To address some of these difficulties, your Ka'au Program provider may create an emergency plan before engaging in telehealth services. You will need to provide an emergency contact in case of a disruption or technological connection failure. Your Ka'au Program provider will try to reconnect with you, do not contact them. If you are in need of immediate and urgent assistance call 911 or go to your nearest emergency room.

If the session is interrupted and you are not having an emergency, disconnect from the session and your Ka'au program provider will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call the Ka'au Program office at (669) 200-4353 and leave a message, your provider will call you back.

**Emergencies.**

At any time, in the event of a clinical emergency, please call 911, go to the nearest emergency room, call the Crisis Line of Hawai'i at 1-800-753-6879, or call the National Suicide Prevention Lifeline at 1-800-273-8255.

• I understand that my mental health professional may need to contact my emergency contact and/or appropriate authorities in case of an emergency. I agree to inform the mental health professional of the physical address of where I am at, at the beginning of each session in case there is an emergency. My physical location is: \_\_\_\_\_

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• I agree to provide the name of a contact person who maybe contact on my behalf in case of a life-threatening emergency only. This person will only be contacted to come to my location or take me to the hospital. My emergency contact person's name, address, phone is: \_\_\_\_\_

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**Other.**

- I agree to participate in TMH services only while in a room or area where other people are not present and cannot overhear the conversation.
- I agree that none of the sessions will be recorded.
- I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of Kapi'olani Community College, Ka'au Program for Student Mental Health & Wellness counseling TMH services. I hereby give my consent to authorize Kapi'olani Community College, Ka'au Program for Student Mental Health & Wellness counselor to evaluate, counsel, and/or refer me to others as needed.
- I have read the above information and understand the risks and benefits of and special considerations for TMH.
- I have had the opportunity to discuss any questions regarding the above information.

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Counselor Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_