

## Ithaca College – Hammond Health Center Informed consent for TeleHealth sessions

1. I understand that “*telehealth*” and “*telemedicine*” (*hereby referred to as “teleservices”*) include secure videoconferencing, emails, 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 health care provider will be held in the strictest confidence. My private information will not be released unless I am required to do so by law. In New York State, we may notify authorities if we become convinced a client/patient is about to physically harm someone or themselves. We are legally mandated to notify authorities if a client states they are abusing or about to abuse children, the elderly, or the disabled or if a client informs us of someone else who may or is doing so. Records may also be released if subpoenaed by a court of law.
3. I understand that teleservices are furnished in the state of New York, USA, and the services provided 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.
5. While teleservices will be conducted primarily through secure and private videoconferencing, I understand that there are always some risks with teleservices including, but not limited to, the possibility that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your information could be intercepted by unauthorized persons, and/or the electronic storage of your medical information could be accessed by unauthorized persons.
6. I will work with my 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 do not provide emergency services. If I am experiencing an emergency, I understand that the protocol would be to call the Office of Public Safety at (607) 274-3333 if I am on campus and 911 if I am not residing on campus. 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 your teleservices sessions,
  - b. Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teleservices appointments.

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10. I agree not to record teleservices appointments.
11. I agree to be dressed as if I were attending an in-person face to face meeting or appointment.
12. I have the right to access my medical information and copies of my medical records in accordance with HIPAA privacy rules and applicable state law.

If we are concerned about you or we lose contact with you, or if you fail to show for a scheduled videoconference, we will contact you by phone to check on your well-being. In addition, if you are showing signs of being in real trouble, we require that we have permission to contact someone to ensure your safety. We would only contact an emergency contact if we were concerned about your imminent safety. Please provide us with two or three emergency contacts when you reply to this message with your acknowledgment. We would recommend that you provide us with:

1. A close **personal contact** such as a parent, partner, or spouse. Please provide the name, relationship and phone number.
2. A **professional contact** such as a student affairs professional, residence hall director or personal physician. Please provide the name, relationship and phone number.
3. The **office or agency that does crisis well-being checks in your community** (typically a 24 hour crisis service or the police department).