



PSYCHOLOGICAL SERVICES

Agreement of Services / Consent Form

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

By seeking telepsychology via De Anza College Psychological Services, you are agreeing to the following:

• **Confidentiality**

Written records are kept for students who use services. All information you share with your therapist, including your participation in session, is confidential and will only be disclosed with your written consent except as required by California law for these conditions:

- A court of law orders the counselor to testify or release records.
- You discuss an ongoing instance of child (under 18 years old) abuse, or a case of child abuse where the perpetrator still has access to children.
- You discuss an ongoing instance of elder abuse (over 65 years old).
- You threaten to harm yourself or someone else or are considered gravely disabled (unable to provide for your basic personal needs for food, clothing, or shelter).
- You are a minor (under 18 years of age), certain circumstances may require that parents be notified about or consent to your participation in counseling.

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. We are doing our best to ensure the privacy of our calls by providing a password to sessions and locking the sessions once they begin.
- Confidentiality still applies for telepsychology services, and neither the therapist nor the client will record the session without the permission from the others person(s).
- We agree to use Zoom for our virtual sessions, and the therapist or the admin assistant will explain how to use it. You have the option of calling in using a cell phone - the number to call will be included in the link your therapist sends you.
- You will have the option of having the video feature of Zoom on or off.
- There is normally a limit of 10 sessions with Psychological Services. However, due to the nature of the COVID-19 pandemic, we are currently waiving session limits.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. You may wish to consider using headphones or having sessions outside your home (i.e. in your car, in a park). Your therapist can help you figure out solutions if you are worried about privacy.
- It is important to use a secure Internet connection rather than public/free Wi-Fi.

- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email. The clinician has the option of ending the session if you are not present within the first 10 minutes. Three no shows without any type of notification may lead to loss of services.
- Your therapist will discuss the procedure with you if the connection is suddenly lost.
- For your safety, we will verify your emergency contact and your address during the first session. Please let us know if either your emergency contact or address change.
- Therapists can only provide services to students who are currently within California. If you are currently outside California, please let us know as soon as possible so the Psychological Services Department can review applicable state or local laws.
- If you are under 18, we need the permission of your parent or legal guardian (and their contact information) for you to participate in tele-psychology sessions.

- **Crisis**

Psychological Services is not available outside posted office hours or during weekends, holidays, or quarter breaks based on the De Anza College academic calendar.

In the event of an emergency or urgent need to speak with someone, please

- Call 911 or
- Call Santa Clara County Emergency Psychiatric Services at 408-885-6100
- Go to the nearest emergency medical facility

Through this signature, I verify that I am currently enrolled as a student at De Anza College and that I have read, understand, and agree to the terms in the “Agreement Consent Form”.

I understand it is important to discuss any questions or concerns I have during the counseling process with my counselor.

I understand I am responsible to attend scheduled telepsychology appointments and will call or email dapsychservice@fhda.edu / (408) 864-8868 to reschedule or cancel appointments at least 48 hours in advance of my scheduled appointment time.

Therapist Name / Signature:

Client Name:

Signature of Client/Client’s Legal Representative:

Date: