



**Walla Walla Community College Counseling Services**  
**Student Success Center**  
**500 Tausick Way, Walla Walla, WA 99362**  
**<https://www.wwcc.edu/advising/personal-counseling/>**  
**Caley Moyer, LMHC: (509) 209-8996**  
**[caley.moyer@wwcc.edu](mailto:caley.moyer@wwcc.edu)**  
**Paris Davis, MSW: (509) 223-2026**  
**[paris.davis@wwcc.edu](mailto:paris.davis@wwcc.edu)**

## **WWCC Counseling Telemental Health Informed Consent**

I \_\_\_\_\_, hereby consent to participate in telemental health with  
(Print student's name)  
Walla Walla Community College Counseling Service.

I understand that telemental health is the practice of delivering mental health services using several electronic, often internet-based, technology tools. Services are provided with the counselor and student being in two separate locations in the state of Washington. Licensure restrictions prohibit WWCC Counselors to provide telemental health services to any student that is not physically located in Washington at the time of the service.

Your counselor typically provides telemental health services using Zoom for videoconferencing and Dialpad for telephone calls. You will need to access the internet and technological tools to engage in telemental health. If you have questions or concerns about the tools, please talk to your counselor so you can discuss the risks, benefits, and specific application to your services.

### **Benefits and Risks of Telemental Health**

I understand that there are risks, benefits, and consequences associated with telemental health. Benefits may include but are not limited to, receiving services when in-person services are not available, convenience, and scheduling availability. Risks may include but are not limited to, disruption in services by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or your counselor's limited ability to respond to crises and emergencies.

There may be additional benefits and risks to telemental health services that arise from the lack of in-person contact or presence, the distance between you and your counselor at the time of service, and the technological tools used to deliver services. Your counselor will assess these potential benefits and risks, sometimes in collaboration with you, as your relationship progresses.

### **Assessing Telemental Health's Fit for You**

I understand that service delivery via telemental health is not a good fit for every person. Your counselor will continuously assess if working via telemental health is appropriate for your case. If it is not appropriate, your counselor will help you find in-person providers with whom to continue services. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic

symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.

I understand I have the right to stop receiving services by telemental health at any time without effecting my right to services to which I would otherwise be entitled to.

## Your Telemental Health Environment

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

## Your Security and Privacy

I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I bring a complaint or lawsuit against my provider; my provider receives a court order; I give written consent).

Except where otherwise noted, your counselor employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

## Our Communication Plan

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, your provider has the following policies regarding communications:

The best way to contact your counselor between sessions is calling them on their remote work phone number (Dialpad) and leaving a voice message if they are not available to answer.

**Caley Moyer: (509) 209-8996 or Paris Davis: (509) 223-2026**

Your counselor will respond to your messages within 24 business hours. Please note that your counselor may not respond at all on weekends, holidays, or vacations. Your counselor may

also respond sooner than stated in this policy. That does not mean they will always respond that quickly.

Our work is done primarily during our appointed sessions, which will generally occur during Monday-Friday 8:30am-4:30pm. Caley Moyer does have some evening appointment availability upon request. Contact between sessions should be limited to:

Confirming or changing appointment times

Connecting to resources

Please note that all textual messages you exchange with your provider, e.g. emails and text messages, will become a part of your health record. Your health record is kept separately from your student record.

## Our Safety and Emergency Plan

As a recipient of telemental health-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your counselor. You will be required to disclose your physical address at the beginning of each session and have a designated emergency contact. You will need to provide permission for your counselor to communicate with this person about your care during crises and emergencies.

Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

## Recordings

Please do not record video or audio sessions without your counselor's consent. Making recordings can quickly and easily compromise your privacy and should be done so with great care. Your counselor will not record video or audio sessions.

## Acknowledgement of Receipt of Counseling Services Disclosure Agreement

My signature below indicates that I have read and fully understand the information presented here and agree to WWCC telemental health counseling services under the above terms. I also acknowledge that I have received a copy of this statement.

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Student Name (printed)

Student ID #

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Student Signature

Date

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Counselor Signature

Date