

**Loyola University New Orleans
University Counseling Center**

STATEMENT ON CONFIDENTIALITY

Confidentiality:

Confidentiality means that the information a student shares in the counseling process is not released to anyone outside the UCC without the student's permission. The fact that a student has made a counseling appointment is also confidential. The UCC records are maintained independently of all other University records and cannot be accessed by others without permission of the student. In some cases, counselors may need to discuss students' concerns among themselves in supervision or in consultation with the University Consultant Psychiatrist. Interns who are practicing in the UCC as part of their professional training will discuss student concerns with the supervising staff.

Exceptions to Confidentiality:

Under almost all circumstances, your information will not be disclosed without written permission. Under special circumstances, however, professional ethics and legal requirements may force the release of some information. These situations are very specific and your counselor will attempt to discuss any possible breach of confidentiality with you. Exceptions to confidentiality include the following:

- When a student represents an imminent danger to him- or herself or others
- Where there is ongoing abuse of a child or an adult who cannot physically or mentally protect themselves
- In a lawsuit where mental health may be an issue before the court
- When subpoenaed or court ordered to release records as can occur in lawsuits involving a student's medical history
- When there is an immediate risk to the safety of the student or community (e.g., student is unable to care for him- or herself, active danger to self or others), the UCC staff reserve the right to notify the Office of Student Affairs and/or LUPD
- Under a mandatory referral by a University official or the courts
- When coordination of care with Student Health Services is indicated, the UCC staff reserve the right to consult with Student Health staff; the UCC and SHS departments share an electronic medical record

Interns:

If your counselor is an intern, they will identify themselves verbally to you as such. Interns share information with and consult with their clinical supervisors. If an intern requests to tape a counseling session you will be asked for your written consent and you may withhold your consent for taping. Withholding your consent to taping will not affect your eligibility to receive counseling services at the UCC.

Email:

The UCC recognizes the importance of the role of email communication. Email will only be used to arrange or modify appointments. Email communication with UCC staff will not be used to discuss on-going treatment issues. Email is not a secure medium of communication and staff does not monitor email on a 24-hour basis.

ProtoCall:

Emergency on-call support is provided by an outside agency, ProtoCall. The UCC and ProtoCall staff exchange risk-related information as necessary for continuity of care and to help ensure appropriate management of potential emergency situations.

Social Media:

Please do not use SMS text messaging or social network messaging via Twitter, Facebook, LinkedIn, etc. to contact UCC staff. These sites are not secure, are not monitored on a 24-hour basis and confidentiality could be severely compromised. UCC staff does not accept friend or contact requests from current or former clients on any social networking site.

Summary:

The UCC staff members will do everything legally and ethically possible to ensure confidential treatment of student concerns or records. If you believe any of the exceptions to confidentiality may be relevant to you, please discuss your concerns with a counselor as soon as possible.

Telemental Health Addendum:**Introduction of Telemental Health:**

As a client or patient receiving counseling or case management services through telehealth technologies, I understand:

- Telemental health is the delivery of mental health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client who are not in the same physical location.
- The interactive technologies used in telemental health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

In consenting to receiving telemental health services at the UCC I understand that:

Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.
- If I do not have familiarity or access to the appropriate technology I will contact the UCC for consultation on this matter.

Self-Termination:

- I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.

Privacy and Risks of Technology:

- There are potential risks associated with the use of telehealth systems. I understand that these risks include, but are not limited to the following:
 - Interruption of the audio/visual link
 - Disconnection of the audio/visual link
 - A picture that is not clear enough to meet the needs of the counselor's during the session
 - In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- If any of these risks occur, the telehealth session may need to be stopped.
- The UCC has taken the appropriate security measures to ensure that each telemental health session is secure by providing the telehealth sessions through a HIPAA compliant platform; encrypting my healthcare data; and, placing safeguards on the systems used to access my data.

Eligibility for treatment:

- There are certain limitations to telemental health sessions and that my counselor will determine whether or not the condition being diagnosed and/or treated is appropriate for a telehealth encounter.
- Telemental health is regulated by state licensure requirements. Depending on my physical location and my counselor's licensure, I may or may not be eligible for these services from the UCC. It is my responsibility to keep my counselor informed of my state of residence.
- If my counselor determines that a telehealth encounter is not appropriate or lawful, I will be provided with appropriate referrals by the UCC.

Confidentiality

- My first appointment I must show a photo ID to the counselor to verify my identity and I must provide the name and number of my local designated emergency contact.
- The counselor may contact my designated emergency contact or emergency services in the case of a medical emergency or a situation imposing immediate physical danger.
- It is my responsibility to communicate with my local designated emergency contact and indicate that my counselor may contact them in case of medical or mental health emergency.
- It is my responsibility to inform my counselor of a change in my choice of emergency contact.

Location for Telehealth Sessions

- For each telehealth session I will be asked to confirm the address of my physical location.
- In order to ensure the confidentiality of my telehealth counseling session, I agree to participate in the session from a safe, private, and quiet environment and not record the session. If I am unable to meet this requirement, it is my responsibility to discuss these issues with my counselor.

I have read and understand the information provided above regarding telemental health services. I understand that I will have an opportunity to discuss the terms of this consent with my counselor at the start of my telehealth session. I acknowledge and agree to present all of my questions to my counselor, if any, and to not proceed with my telehealth session until all of my questions have been answered to my satisfaction. I understand that by continuing my participation in the telehealth session I am asserting my understanding and agreement to the information provided in this consent form.

I hereby give my informed consent to participate in the use of telemental health services for treatment under the terms described herein. I give my counselor permission to speak with my emergency contact if necessary.

I have read and understand the above Statement on Confidentiality and Addendum to Statement on Confidentiality:

Signature:

Date:

Print Name: