



NORTHERN ILLINOIS UNIVERSITY

Community Counseling Training Center

College of Education

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815-753-9312

Community Counseling Training Center Disclosures for Telehealth Counseling

Definition of Telehealth: Telehealth is the delivery of health care services through the use of interactive audio and video technology. Telehealth counseling services with the CCTC includes real-time communication between client and counselor for the purpose of assessment, diagnosis, consultation, and/or treatment.

Telehealth Counseling Relationship: During the time you and I work together, we usually will meet weekly for approximately 50-minute sessions. Our relationship is professional rather than social; therefore, I will not attend social events with you, take gifts, barter or exchange services, write references or recommendations for you, or relate to you in any way other than the professional context of our counseling relationship. I conduct all counseling sessions in English or with a translator for whom you arrange and pay. I work to be inclusive of all persons with a variety of multicultural identities.

Effects of Counseling: I hope you will benefit from counseling in some way. However, I cannot guarantee any specific results. Counseling is a personal exploration that may lead to major and/or minor changes in your self-awareness, perspectives, experiences, and choices. These changes may affect your significant relationships, job, and/or understanding of yourself. You may feel troubled, usually only temporarily, by some of the things you learn about yourself, or some of the changes you make. In addition, counseling can result in long lasting effects. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you at this time. At any time, you may initiate with me a discussion of beneficial, challenging, and/or unbeneficial effects of our counseling work to discuss changes in approach, continuing, or discontinuing our counseling relationship.

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past six years, and I deem it important to our current work, I may request that you to sign a release of information so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services. By signing this form, you are agreeing to disclose all previous mental health treatment and to reimburse the Community Counseling Training Center (CCTC) for any expenses charged by your previous mental health professional(s) for supplying copies of your records. While you are in counseling with me, at the CCTC, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with me and sign a release that enables me to communicate with the other mental health professional(s). Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. You have the right to refuse or to discuss modification of any of my counseling interventions or suggestions that you believe might be harmful. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to help you resolve your concerns, you may report your complaints to CCTC supervisor.

Confidentiality: All of our counselor sessions are confidential. This means that no information will be released to persons or agencies regarding the fact that counseling has been received or the nature of the concerns being addressed without your written consent or written consent of a legal guardian, when applicable. Danger to self and/or others (i.e., suicide or homicide) may necessitate the breaking of confidentiality. In addition, by law suspected child abuse and/or neglect, elder abuse and/or neglect, and incapacitated adult abuse and/or neglect communicated by clients must be reported to appropriate agencies by counseling staff.

Supervision, Recording, and Observation: I am a counselor-in-training in the Community Counseling Training Center providing counseling under the direct supervision of CCTC approved supervisors, whom may be contacted via e-mail to cahc_cctc@niu.edu or phone message to 815-753-9312. To aid in my supervision, I must request your consent to have our telehealth sessions observed and recorded. Recordings will be treated according to ethical standards. Confidentiality will be strictly maintained by supervisors; information will not be released to any other person or agency without your written permission. If you have questions, please discuss them with me.

Appointments: Our real-time contact will be limited to counseling sessions you arrange with me. My scheduled time at the Community Counseling Training Center is limited each week. I may not be able to accommodate rescheduling beyond our weekly appointment times. Please let me know a week in advance if you know you will not be able to attend our regular appointment time the following week.

If you are a student receiving any sort of course credit as one result of our counseling work, you can request a release of information for confirmation of the number of counseling sessions you attended. You should be aware that intake service sessions are not counted as counseling sessions.

Cancellation: If you have to miss a session, please e-mail the CCTC Assistants at cahc_cctc@niu.edu to cancel your session as soon as possible. Please provide your name, the date and time of your session, and my name, as your counselor. If you miss two consecutive counseling sessions without notifying the CCTC staff, your services may be terminated.

Crises: The Community Counseling Training Center (CCTC) is not equipped for after-hours emergencies. Any messages sent to the CCTC e-mail or left on the CCTC answering machine after Thursdays' hours may not be heard until Monday afternoon. If you are experiencing a mental health crisis, you are encouraged to call (1) the Ben Gordon 24-Hour Crisis Hotline at 866-242-0111; (2) the National Suicide Hotline at 800-273-8255 (TALK); or (3) 9-1-1.

In the event that I believe you are in danger, to yourself or another person, by signing consent for CCTC counseling services, you specifically consent for me to warn the person in danger and to contact your designated emergency contact person(s), in addition to medical and/or law enforcement personnel.

*If you are a current NIU student, in accordance with Public Act 099-0278 you have been given the opportunity to declare a mental health emergency contact. While under the mental health care of the CCTC, we will default to contacting the person listed in this consent form first and any person listed as your NIU mental health emergency contact will be contacted within 24 hours.

Emergency Contact: _____ Phone number: _____

Privacy Rights under HIPAA: In accordance with Illinois state laws, written records of our counseling work will be maintained for the appropriate length of time and then properly destroyed. If you have questions, please discuss them with me. You have the right to review your client file in the presence of your counselor, the supervisor, or the CCTC Director. You may ask for a copy of your file and will be charged a per-page copy fee at the current university copying rate. You may ask for corrections or clarifications of the content in the file and that will be recorded in the notes. You may ask to review the CCTC HIPAA procedures. You may also ask for a meeting with a HIPAA compliance officer (the CCTC Clinical Director) at your discretion.

Educational Training and Clinical Research: As an educational training center in counseling, Northern Illinois University's Counselor Education program may use recorded counseling session(s) through the Community Counseling Training Center for internal educational training purposes. These recordings will be used exclusively for the non-commercial, educational training of graduate-level and post-graduate level counselors-in-training and supervisors-in-training. There will be no financial or other remuneration for use of recordings, either for initial or subsequent transmission or playback. This consent includes use of written and images of non-identifiable information to be used for educational purposes or future research. Identifiers will be removed from your identifiable private information and after such removal, the information could be used for future research studies or distributed to another counseling program affiliated researchers for future research studies without additional informed consent.

*Northern Illinois University, NIU CAHE Department and, NIU Counselor Education Program are released from any liability resulting from such educational and/or research work. Your permission and consent may be rescinded. In order for the revocation of permission and consent to be effective, it must be made in writing.

Termination: As a client, you are in control of the continuation and direction of our counseling work. This means that you may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. CCTC counselors are contracted for one, 3-4 month period at a time. While our counseling relationship will terminate at the time of my contract ending, you can request to have your CCTC counseling services transferred to a new CCTC, as available. If you decide to maintain or establish a professional relationship with another mental health professional against my consultation, I may consider this your decision to change counselors and the Community Counseling Training Center reserves the right to terminate your counseling services for that time. If you do not attend two consecutive sessions we schedule or consistently cancel scheduled sessions, your services may be terminated. If you are terminated due to non-attendance or if we agree to terminate your counseling services, you may request transfer of services any time thereafter. You may likely be placed with a different counselor at that time of your request for transfer or re-request for new services.

Referrals: The CCTC staff recognizes that not all concerns presented by clients are appropriate for treatment through the CCTC. For this reason, you, I, or my supervisors may believe a referral is needed. In such a case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives. I most likely will be available to be your counselor at the CCTC until the end of this current NIU academic semester. If you wish to continue counseling beyond that time, I can provide you with CCTC counselor transfer or external referral options.

Client Rights and Responsibilities in Consenting to Confidential Counseling

I understand that I have the following rights with respect to telehealth counseling:

- Be informed of the qualifications of my counselor.
- Receive an explanation of services offered and time commitments.
- Be informed of any fee for services and billing policies prior to receipt of services.
- Be informed of limitations of the counselor's practice to special areas of expertise or age group.
- Set and keep appointments with my counselor.
- Contact the CCTC as soon as possible if I cannot keep an appointment or am running late.
- Have all my disclosures treated confidentially.
- Be informed of limitations on confidentiality in my counseling relationship.
- Participate in setting goals and evaluating progress towards meeting goals.
- Follow through with agreed upon goals and counseling interventions.
- Ask questions about counseling interventions suggested and implemented.
- Be informed of how to contact a mental health professionals in a crisis situations.
- Request referral for a second opinion or alternative approach at any time.
- Request copies of records and reports to be used by other helping professionals.
- Request to review my records and make appropriate amendments.
- Receive a copy of the code of ethics to which my counselor adheres.
- Contact applicable professional organizations if I have complaints about my counselor's conduct.
- Terminate the counseling relationship at any time.
- Terminate your counseling relationship before entering into arrangement with another counselor.

Consent for CCTC Telehealth Counseling

It is important to understand the following information about Telehealth counseling to make an informed decision to participate. After reading the information, your counselor will ask for your verbal consent to proceed. You will need to sign written consent prior to your next session.

1. I understand that the potential benefit of telehealth counseling is mental health care through the CCTC in response to in-person service limitations. I respect that some aspects of counselor engagement may be different than in-person service engagement.
2. I understand that sessions remain strictly confidential with the exception of the same limits to confidentiality that apply through in-person sessions including when my counselor or their supervisor believes a) there is a danger to self or others; b) a child, elderly or disabled person may be subject to abuse or neglect; and/or c) a court order exists that information regarding the therapy process be provided. I understand that any such limits of confidentiality will be discussed with the therapist's clinical supervisor(s).
3. I understand that telehealth counseling through the CCTC does not include emergency or crisis services. If I am experiencing a mental health crisis, I understand that I can call 911 or the Ben Gordon Center at 866-242-0111 or proceed to the nearest hospital emergency room for help.
4. I understand that I am responsible for providing my own telehealth capable device, private internet access for sessions, and arranging a location with sufficient privacy that is free from distractions or intrusions for session(s).

5. I understand that the CCTC has taken steps to secure audio/video transmission to deliver telehealth counseling using the HIPAA-compliant Microsoft Teams platform or confidential phone calls. I understand, there is a slight risk of unintended breaches of confidentiality such that the transmission of my personal information could be interrupted by unintended, unauthorized, third persons.
6. Despite reasonable efforts on the part of the counselor, counseling sessions may be disrupted or distorted by technical failures or difficulties. I understand that if Microsoft Teams fails to function properly that my telehealth session may continue using private telephone call.
7. I understand that my sessions will be live-supervised and recorded by CCTC supervisors as an essential part of the training of my counselor. I understand that these recordings are kept secure. I consent to not initiating any personal recording of my sessions without discussion and prior written consent from my counselor.
8. I understand that I have the right to withhold or withdraw my consent to the use of telehealth counseling at any time, without affecting my right to future in-person care or treatment. I have the right to temporarily suspend my services or request a referral from CCTC counselors.
9. I understand that if my counselor believes I would be better served by another form of intervention, I will be referred to another mental health professional.

I hereby consent to engage in telehealth (e.g., internet, email, or telephone based counseling) with the Community Counseling Training Center as an alternate form of counseling treatment. I understand that telehealth counseling includes the practice of mental healthcare delivery, including assessment, diagnosis, consultation, treatment, transfer of client data, using interactive audio, video, and/or data communications. I understand that telehealth may also involve the communication of my medical/mental health information, both orally and visually, to other counseling practitioners with my written consent. I understand that if I have any concerns about my rights, I may contact my counselor's supervisor or the Community Counseling Training Center Director at any time. By my signature, I am indicating that I have read and understand the informed consent statements above, that any questions I had about these statements were answered to my satisfaction, and that I was provided a copy of these statements via personal download or requested e-mail.

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