

Wesleyan University – Davison Health Center

Informed Consent for Remote Services

My signature below signifies my consent to engaging in remote health consultations with a clinical provider at the Davison Health Center (DHC) as a student of Wesleyan University in accordance with the following expectations and guidelines:

1. Remote consultations will occur through the online meeting and conferencing application, WebEx. If for any reason the WebEx application fails or experiences service disruption, the provider may utilize an alternate form of communication (e.g., phone).
2. DHC providers are licensed to practice in the state of Connecticut. For that reason, both the provider and the client must be physically in Connecticut in order to engage in routine medical care. Thus, only CT resident students and/or students continuing to reside on campus while the campus pandemic plan is in place may be provided on-going remote or routine in person healthcare by DHC. Remote consultations (which differ from typical in person or telehealth sessions) may be provided to students who fall outside of the jurisdiction of Connecticut. This consent form pertains to remote consultative services.
3. If I am physically located outside of Connecticut, I MUST inform my provider immediately.
4. The laws that protect the confidentiality of my personal information in a face-to-face setting also apply to remote consultative services. As such, the information that I disclose during remote consultations is generally confidential. The dissemination of any personally identifiable images or information from the remote consultations to other entities shall not occur without my written consent except in the case of mandatory or permissive exceptions to confidentiality. Such exceptions include, but are not limited to:
 - Suspected child, elder, and/or dependent adult abuse
 - Expressed threat of violence towards an ascertainable victim
 - Expressed threat to harm or kill self
 - Court subpoena
5. There are risks and consequences associated with engaging in remote services, including but not limited to, the possibility, despite reasonable efforts on part of the DHC provider that:
 - The transmission of my personal information could be disrupted or distorted by technical failures;
 - The transmission of my personal information could be interrupted by unauthorized persons; and/or
 - The electronic storage of my personal information could be accessed by unauthorized persons
6. I agree NOT to record remote health consultations.
 - If I do, the remote consultation appointment will end immediately.
7. I agree to be dressed as if I were attending an in-person, face-to-face session.

8. I have a right to withhold or withdraw my consent at any time.

9. I have a right to access my personal information and copies of case records in accordance with Federal and Connecticut law.

10. By signing this document, I agree that certain situations including emergencies and crises are inappropriate for remote services.

■ If I am in crisis or in an emergency I should immediately call 9-1-1 or seek help from a hospital or crisis oriented health care facility in my immediate area. I understand that emergency situations include if I am in a life threatening or emergency situation of any kind, or if I am dysfunctional due to abusing alcohol or drugs.

I have read and understand the information provided above. By signing this document I agree to follow these guidelines and expectations for remote services through the Davison Health Center

Printed name of Client _____ Wesleyan ID _____

Signature of Client _____

Date _____