

# AUBURN UNIVERSITY

## MARRIAGE & FAMILY THERAPY CENTER

Auburn University, Alabama 36849-5604

Human Development  
& Family Studies

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### INFORMED CONSENT FOR TECHNOLOGY ASSISTED FAMILY THERAPY SERVICES (TAFTS)

The Auburn University Marriage and Family Therapy Center (MFT Center) is operating under alternate operations in response to COVID-19 as recommended by Auburn University until further notice. Our desire is to continue serving your mental and relational health needs, to the extent possible, throughout this process. For this purpose, we have Technology Assisted Family Therapy Services (TAFTS) available to serve our ongoing and new clients. Operating procedures and protocols connected with therapy services are located at: <http://www.mftcenter.auburn.edu/>

**Initialing each page and specific sections, along with signing this document provides consent to each aspect of clinical service. Signing your name means that you have read, understand, inquired, and agree to follow all aspects of clinical services outlined in this document.**

TAFTS is a form of tele-health involving the use of electronic communications. TAFTS may be used for individual, couple, or family therapy, and clinical supervision. There are some barriers to TAFTS compared to sitting with a therapist in the same room and may not be an appropriate means of therapy for all populations. The limitations can be addressed and are minor depending on the quality of sound and video, the level of care needed by the client(s), and the comfort level in using teleconferencing platforms.

AU MFT Center TAFTS are provided by MFT interns under the direct supervision of the clinical faculty in the Marriage and Family Therapy Program. Because our primary function is training therapists, we require permission to audio and video record all treatment sessions and to observe the sessions both live and recorded. The use of recording, observation, and supervision is crucial to your treatment and allows for instruction and supervisory input, which ensures that you receive the highest quality services possible.

#### **Zoom: The Digital Platform for TAFTS**

The AU MFT Program uses Zoom Teleconferencing (Zoom) to conduct all TAFTS. Zoom is a secure application for video conferencing that works across mobile devices, desktops, and telephones. Prior to your TAFTS sessions, you will receive an individualized Zoom link and meeting ID number though email which will enable download and installation. Additionally, you will need access to a webcam, microphone, and a private room to participate in TAFTS. A

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supervisor may occasionally join the session but not participate. This is for training purposes. The supervisor is there to assess and help the therapist provide the best treatment for you.

**Titanium: Electronic Medical Records (EMR)**

The AU MFT Program uses Titanium Schedule, an electronic medical records (EMR) system to schedule clients, store treatment notes, and assessments to enable treatment. You will receive an email with a link to complete assessments in Titanium, which uses encryption technology.

**E-mail**

E-mail is required because we will need to coordinate scheduling; sending web links, surveys, and other materials related to the provision of TAFTS. The AU MFT Program uses Outlook 365 e-mail. These messages are not encrypted, and are thus NOT CONFIDENTIAL. Please note that e-mail is not a platform that will be used by therapists or staff at the AU MFT Center to answer questions or conduct therapy sessions. If you are uncomfortable with the unsecure e-mail communication we can establish an alternate method of communication. **By initialing below, you consent to communicate with you via e-mail according to the limits described:**

\_\_\_ 1. I consent to have AU MFT Center and my therapist communicate with me via e-mail.

My e-mail address is (possibly multiple): \_\_\_\_\_

**Cell Phone**

Contacting therapists through their personal phones is a temporary policy being used to facilitate TAFTS, for technological disruption and scheduling. Once Auburn University emergency response to COVID-19 is completed therapists will no longer communicate with clients by cell phones, but will return to contact through the MFT Center number (334-844-4478). Therapists will not store client numbers, nor communicate via text.

Therapists phones are password protected, but we cannot guarantee there will be a breach in confidentiality. If a therapist has not returned a phone call within 24 hours, please contact the MFT Center number.

**CLIENT RIGHTS**

**Confidentiality**

To protect client confidentiality, we adhere to the following procedures:

1. Written, telephone, or verbal inquiries about clients will not be acknowledged without your consent. Signed consent is required to release information about you with anyone outside the MFT Center. Even then, we may advise you to withhold information.
2. All records, tapes, or other identifying materials are kept confidential.

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**There are, however, some exceptions to the confidentiality policy.**

1. By law, there are specific limits to confidentiality. According to the Laws and Regulations of the State of Alabama, your confidentiality does not apply when: there is clear and imminent danger to you or others, by court order, if you plan on committing a violent crime, or when there is suspected child or elder abuse or neglect. Your therapist will take reasonable steps to protect those at risk, including, but not limited to, warning any identified victims and informing the responsible authorities.
2. The therapist-in-training will testify in any court proceeding if ordered by a judge.

### **Clinical Change and Research**

All MFT Center clients complete assessments. The purpose of these assessments is to help clinicians make informed decisions regarding evaluations and treatment. The forms are completed throughout therapy to track progress. **These forms are on the MFT web page for easy download.** The secondary purpose of the assessments is to evaluate the effectiveness of treatment and training. Our goal is to publish the training program and clinical treatment effectiveness.

To achieve our secondary purpose, we request the use of biographical data, clinical assessments, and coding of therapist behaviors for evaluative research. All identifying client information is removed to ensure confidentiality, and only aggregated client data is evaluated. No research is conducted without client approval and Auburn University IRB approval.

### **Expected Benefits and Possible Risks of TAFTS**

While Auburn University is shut down for on-site services, TAFTS will allow us to continue providing client care. TAFTS offers improved access to care by enabling individuals to receive treatment at their home or office. TAFTS has also been shown to be similar to in-person therapy in treating client needs, developing a professional relationship, and treating mental illness.

If TAFTS is unacceptable or doesn't meet your therapy needs, then you can postpone services until the MFT Center is re-opened; or, our clinic can provide referrals for clinicians in the area.

There are potential risks associated with the use of TAFTS. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g. poor resolution of images, and poor brand band) to allow for appropriate treatment.
- Delays in treatment could occur due to the deficiencies or failures of equipment.
- Security protocols could fail. However, data encryption makes this risk highly unlikely.
- Client may not choose a private location in which to participate in the TAFTS session.

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### Additional Points for Client Understanding

1. I understand that TAFTS is temporarily being offered by my student therapist(s) in the AU MFT Program for continuation of services in the midst of the COVID-19 outbreak.
2. I understand that TAFTS is voluntary and that I can choose not to participate.
3. **If I am experiencing an emergency during a TAFT session, my therapist will call emergency services and my emergency contacts.**
4. My therapist explained to me how TAFTS will be used. I understand that TAFT sessions will not be exactly as in person sessions, as I will not be in the same room as my therapist.
5. I understand my therapist or myself can discontinue the TAFT sessions for technological difficulties or personal discomfort with the service format.
6. I understand that I may experience benefits from the use of TAFTS in my care, but that no results can be guaranteed or assured.
7. If I am experiencing an emergency, I will call 911 or proceed to the nearest hospital emergency room.
8. I understand that that both my therapist and I will exchange phone information at the beginning of the session, so that contact can occur if the TAFTS connection drops.
9. **I know that I will be asked to create a safety plan with my therapist for emergencies.**
11. I acknowledge that TAFTS cannot occur if I am outside the state of Alabama.
12. It is my responsibility to ensure that I participate in all TAFT sessions in a secure location
13. Those who have not signed the Informed Consent are not allowed to be present in therapy.
13. Because the therapeutic services are a professional relationship, neither interns nor staff at the AU MFT Center are not allowed to give or receive gifts from clients.

### **PAYMENT AGREEMENTS**

I understand that payment is expected before or at the time the therapist-in-training renders their time and expertise. I agree and expect to assume the financial responsibilities outlined below:

**Initialing at the bottom of the page signifies that you have read and agree to the following statements (#1-12):**

1. The AU MFT Center payment for therapy services will be \$50.00 per **50-minute hour**. Any time spent in treatment beyond the clinical hour will be billed accordingly.
2. Engaging therapists-in-training in verbal (including phone contact), written (including reports, court reports, or letters), or face-to-face meetings, will be billed **\$50.00 per 50-minute hour**.
3. Any client who pays with a check which does not have sufficient funds (i.e., bounced check) will be billed a fee of \$25.00. The form of payment might also be changed.
4. The AU MFT Center **strictly provides a fee for service practice. We do not bill insurance.**
5. **All clients** will be billed for the full \$50.00 rate for a session if: 1). You do not call to cancel within 24 hours of your scheduled appointment (334) 844-4478. Or 2). They no-show an appointment.

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6. Your therapist will wait on Zoom for 15 minutes before leaving the therapy session. If you are late, then it is your obligation to contact the therapist to let them know you are late. If you do not make it within 15 minutes, you will be charged the late fee.
7. **Clients agree that they will be billed for late cancellations or non-attendance**

**You may petition to receive a reduced payment obligation. To qualify, you accept that the payment reduction is a service that can be revoked if abused and you agree to the following:**

8. If a client cancels or reschedules appointments on three different occasions within two months, the reduced fee will be voided (exceptions include holidays and all Auburn University breaks).
9. Those who attend bi-weekly or monthly are **not** eligible for reduced fees.
10. **Although** you receive a reduced treatment fee, you will be billed for the full \$50.00 rate for a session if: 1). You no-show without calling and leaving a message (334) 844-4478 or 2). Do not call to cancel within 24 hours of your scheduled appointment start time.
11. The AU MFT Center intern therapists and faculty do not perform court-related evaluations for child custody, nor do we testify in hearings involving child custody issues. Also, we do not appear voluntarily at any court or administrative hearing.
12. If you, or your attorney, choose to subpoena a MFT Center therapist or other personnel for court testimony, including depositions or administrative hearings, you will be charged \$100 per hour for any MFT Center personnel preparation time, and \$500 per 4-hour block of time our personnel spend being "on-call" to testify, traveling to and from court, waiting to appear, and testifying. These charges will apply even if MFT Center personnel are ultimately excused from testifying. The minimum charge will be for 4 hours, and subsequent time will be billed in 4-hour blocks. By signing this agreement, you agree to pay these charges. Should it become necessary for the MFT Center to commence collection proceedings or retain an attorney to collect any fees due hereunder, you agree to pay the attorney's fees and costs of collection incurred by the MFT Center.

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**By initialing items 1-6 and signing this form, you indicate that:**

- \_\_\_ 1. You understand that the AU MFT Center services will be supervised by core faculty and program supervisors, which includes case consultation by audio/video recording or direct observation and review of treatment notes.
- \_\_\_ 2. You understand the confidentiality policies of the AU MFT Center and agree to them.
- \_\_\_ 3. You understand your rights/responsibilities as an AU MFT Center client and agree to them.
- \_\_\_ 4. You understand the fee agreement and agree to all client payment responsibilities.
- \_\_\_ 5. You acknowledge that assessments are part of the treatment process and agree to answer the assessments honestly and thoroughly.
- \_\_\_ 6. Are you willing to allow client assessments to be used for research purposes, as outlined in the agreement, and as conditioned by the Auburn University IRB.

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\_\_\_ 7. **You acknowledge that the therapists' use of telephone during TAFTS is temporary and will not be continued after the COVID-19 emergency is ended.**

\_\_\_\_\_  
Client Date Client Date

\_\_\_\_\_  
Client Date Client Date

\_\_\_\_\_  
Witness Date

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## TAFTS SAFETY PLAN

1. Please identify the names and phone numbers of three emergency contacts people, as well as the contact information for your local emergency services provider. These individuals/entities can be contacted in the event of an emergency or crisis.

### *Emergency Contact People:*

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### *Local Emergency Services Provider: (e.g., hospital)*

Organization Name: \_\_\_\_\_

Organization Phone #: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Police: \_\_\_\_\_ Paramedics: \_\_\_\_\_

### *Additional Resources:*

If you are not in immediate danger, but would like someone to speak with, you can access the following resources. Both are free, confidential, and open 24 hours a day, 7 days a week.

Resource: National Suicide Prevention Lifeline Phone #: 1-800-273-8255

Resource: Crisis Text Line Contact Info: Text HOME to 741741

1. **If there's an emergency during the session, my therapist has permission to contact my emergency contacts and emergency services.**
2. Before the start of therapy each week, the therapist will verify my exact location.
3. I have provided the MFT Center with a working telephone number to reach me if the **TAFTS connection fails during the session.**
4. The MFT Center has provided me with a contact number to reach my therapist-in-training. If the MFT Center does not call me back within five minutes, then I will call the number provided.
5. **We will be communicating with HIPAA compliant Zoom.**

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\_\_\_\_\_  
Client Date Client Date

\_\_\_\_\_  
Client Date Client Date

(or person authorized to sign for client): \_\_\_\_\_

Authorized signer, relationship to client: \_\_\_\_\_

Witness: Date: \_\_\_\_\_

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