



AUBURN UNIVERSITY
MARRIAGE & FAMILY THERAPY CENTER
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Informed Consent, Including Technology-Assisted Family Therapy Services (TAFTS)

Initialing each page and specific sections, and signing this document, provides consent to each aspect of the clinical service described in this informed consent document.

Welcome to the Auburn University Marriage and Family Therapy Center (MFT Center). We serve couples, families, and individuals. Services are provided by graduate students-in-training under the direct supervision of the clinical faculty in the Marriage and Family Therapy Program. The faculty are Approved Supervisors of the American Association for Marriage and Family Therapy. Because our primary function is to train therapists, we require permission to audio and video record and observe all treatment sessions. Recording, monitoring, and supervising are crucial for new professionals.

The MFT Center serves your mental and relational health needs throughout the COVID-19 pandemic by providing in-person and Technology-Assisted Family Therapy Services (TAFTS) to promote services that maintain client and therapist health and safety. Operating procedures and protocols connected with therapy services are located at: <http://www.mftcenter.auburn.edu/>

TAFTS is therapy delivered through electronic communications and used for individual, couple, and family therapy and clinical supervision. There are some barriers to TAFTS compared to sitting with a therapist in the same room, which could be less appropriate for some populations. Some 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 of teleconferencing platforms.

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 and desktops. Before your TAFTS sessions, you will receive an individualized Zoom link and meeting ID number through email, enabling download and installation. Additionally, you will need access to a webcam, microphone, and a private room to participate. A supervisor may join the session to supervise the therapist-in-training.

Titanium – Electronic Medical Records (EMR): The AU MFT Program uses Titanium Schedule, an electronic medical records (EMR) system, to schedule clients and store treatment notes and assessments. You will be emailed a link to complete assessments protected by encryption.

Email: Because email is not confidential, the preferred methods of delivering client documents are through mail, fax, or physical delivery. If you provide permission, email will be used to coordinate scheduling, sending web links, surveys, release of information, and informed consent. The AU MFT Program uses Outlook 365 email, which is unencrypted and thus NOT CONFIDENTIAL. Please note that therapists or staff at the AU MFT Center do not use email to answer questions or conduct therapy sessions. We can establish an alternate communication method if you are uncomfortable with unsecured email communication.

By initialing below, you consent to email according to the limits described.

___ 1. I consent to have AU MFT Center, and my therapist communicates with me via email.

My primary/secondary email addresses are: _____

Please initial after reading this page: _____

Cell Phone: Contacting therapists through their phones is a temporary policy shift to facilitate TAFTS for technological disruption and scheduling. Therapists will not store client numbers nor communicate via text. Therapists’ phones are password-protected, but we cannot guarantee there will not be a breach of 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 or verbal inquiries about clients will not be acknowledged without your consent. Signed consent is required to release information to anyone outside the MFT Center.
2. All records, tapes, or other identifying materials are kept confidential.

There are, however, some exceptions to the confidentiality policy:

1. By law, there are specific limits to confidentiality. According to the State of Alabama Laws and Regulations, 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: The primary purpose of assessing clients is to help clinicians make informed treatment decisions. Assessments are completed throughout therapy to track client progress and therapist effectiveness. You can access the forms on the AU MFT web page. The secondary purpose of the assessments is to publish about treatment. We track biographical data, clinical assessments, and coding of therapist behaviors to assess effectiveness. All identifying client information is removed to ensure confidentiality, and only aggregated client data is evaluated. Initialing and signing the document provides approval to use assessment information for research, which will not be conducted without Auburn University IRB approval.

Expected Benefits and Possible Risks of TAFTS: When an Alabama resident would like to attend therapy but distance or illness precludes meeting in person, TAFTS is an option to continue providing client care. TAFTS enables individuals to receive treatment at their home or office and is similar to in-person therapy in addressing client needs, developing a professional relationship, and treating mental illness.

There are potential risks associated with TAFTS. They include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., low resolution of images and weak broadband) to allow for appropriate treatment.
- Delays in treatment could occur due to deficiencies or failures of equipment.
- Security protocols could fail. However, data encryption makes this risk highly unlikely.
- A client chooses a non-private location to participate in the TAFTS session.

If TAFTS are unacceptable or do not meet your therapy needs, you can postpone services, or we can provide you with referrals for other clinicians in the area.

Points for Client Understanding:

1. I understand clinical services are voluntary, and I can choose not to participate.
2. **If I experience an emergency during a TAFT session, my therapist will call emergency services and my emergency contacts.**

Please initial after reading this page: _____

3. My therapist explained to me how TAFTS would be used. I understand that TAFT sessions will not be precise as in-person sessions, as I will not be in the same room as my therapist.
4. I understand my therapist or myself can discontinue the TAFT sessions for technological difficulties or personal discomfort with the service format.
5. I understand that I may experience benefits from using therapy but that no results can be guaranteed or assured.
6. If I am experiencing an emergency, I will call 911 or proceed to the nearest hospital emergency room.
7. I understand that my therapist and I will exchange phone information at the beginning of the session so that contact can occur if the TAFTS connection drops.
8. **I will be asked to create a safety plan with my therapist for emergencies.**
9. I acknowledge that TAFTS cannot occur if I am outside Alabama.
10. It is my responsibility to ensure that I participate in all TAFT sessions in a secure location
11. Those who have not signed the Informed Consent cannot be present in therapy.
12. Because the therapeutic services are a professional relationship, neither interns nor staff at the AU MFT Center gives or receive client gifts.

12 SESSION NON-PAYMENT AGREEMENT

I understand that payment is expected before the therapist-in-training renders services. **By initialing items #1-7, you indicate that you have read, understand, and agree to the following:**

- ___ 1. The AU MFT Center will waive session fees for the first 12 sessions for survivors of the Dadeville Mass Shooting. After 12 sessions, a pro-rated rate will be negotiated.
- ___ 2. If: 1) You do not call to cancel within 24 hours of your scheduled appointment (334) 844-4478. Or 2) You no-show an appointment; the session will count towards the 12 free therapy sessions.
- ___ 3. If you are late, please contact the therapist to let them know. Your therapist will wait on Zoom for 15 minutes before leaving the therapy session.
- ___ 4. You are expected to attend therapy each week at the same scheduled time. This allows for the accommodation of as many clients as possible.
- ___ 5. After the twelfth session, a reduced rate fee will be negotiated based on income and family size. The fee will not exceed \$60.00
- ___ 6. If you or your attorney choose to subpoena an MFT Center intern-therapist or other personnel for court testimony, including depositions or administrative hearings, you will be charged \$60.00 per hour for any MFT Center personnel preparation time and \$200 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
- ___ 7. I will complete a new informed consent with payment options upon completion of the free 12 therapy sessions.

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.

Please initial after reading this page: _____

SAFETY PLAN

Please identify the names and phone numbers of three emergency contact people and the contact information for your local emergency services provider. **These individuals/entities can be contacted in 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

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

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

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

CONSENT TO CLINICAL SERVICES

By **initialing** items #1-13, you indicate that you understand and agree to the following:

___ 1. I understand that core faculty and program supervisors will supervise the AU MFT Center services, including case consultation by audio/video recording or direct observation and review of treatment notes.

___ 2. I understand the confidentiality policies of the AU MFT Center and agree to them.

___ 3. I understand and agree to my rights/responsibilities as an AU MFT Center client.

___ 4. I understand the fee agreement and agree to all client payment responsibilities.

___ 5. I understand that assessments are part of the treatment process and agree to answer the assessments honestly and thoroughly.

___ 6. As outlined in the agreement above, I am willing to allow client assessments for research purposes and as conditioned by the Auburn University IRB.

___ 7. I understand that the therapists' sharing of the cell phone is limited in use for scheduling.

___ 8. I understand and agree that if there is an emergency during one of my sessions, my therapist has permission to contact my emergency contacts and emergency services.

Please initial after reading this page: _____

- ___ 9. I understand that my therapist will verify my location before the start of TAFTS.
- ___ 10. I have provided the MFT Center with a working telephone number to reach me if the TAFTS connection fails during my session.
- ___ 11. I affirm that the therapist-in-training has provided me with a contact number should the TAFTS connection fail during my session. If this occurs, I will call the number provided if my therapist/the MFT Center does not call me back within five minutes.
- ___ 12. I understand and agree that my sessions will be in-person at the MFT Center or via the HIPAA-compliant Zoom videoconferencing program.
- ___ 13. I affirm that I have been offered a copy of this consent form.

I have read and understand the information provided above, and all my questions have been answered satisfactorily. I hereby give my informed consent for clinical services.

Signature of Client(s) (or a person authorized to sign for the client):

Client

Client

Client

Client

If Authorized Signer, relationship to client: _____
Signature of Witness(es) (reserved for therapists):

Witness #1

Date

Witness #2

Date

Please initial after reading this page: _____