



IAMBK PARTNERING WITH AUBURN UNIVERSITY MARRIAGE & FAMILY THERAPY CENTER

Dept. of Human Development & Family Studies, College of Human Sciences

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Informed Consent Including Technology-Assisted Family Therapy Services (TAFTS)

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

Welcome to I Am My Brothers Keeper (IAMBK) and Auburn University Marriage and Family Therapy (MFT Center), serving youth and families. Services are provided by graduate students-in-training under the direct supervision of MFT Center Faculty. The faculty are Approved Supervisors of the American Association for Marriage and Family Therapy.

The MFT Center/IAMBK serves your mental and relational health needs throughout the COVID-19 pandemic by providing both in-person and technologyAssisted 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, family therapy, and clinical supervision. There are some barriers to TAFTS compared to sitting with a therapist in the same room, and it 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 in using 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, which will enable download and installation. You will need a webcam, microphone, and a private room to participate.

Email: Because email is not confidential, the preferred methods of delivering client documents are through the 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 not encrypted and is thus NOT CONFIDENTIAL. Please note that email is not a platform used by therapists or staff at the AU MFT Center to answer questions or conduct therapy sessions. We can establish an alternate communication method if you are uncomfortable with the unsecured email communication.

By initialing below, you consent to communicate with you via 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: _____

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.

Expected Benefits and Possible Risks of TAFTS: When IAMBK on-site services are temporarily shut down TAFTS is an option to continue providing client care. TAFTS enables individuals to receive treatment at their home or office. TAFTS 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 in which to participate in the TAFTS session.
- Other Group therapy participants choose a non-private location to participate in TAFTS sessions.

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.

Additional Points for Client Understanding:

1. I understand that TAFTS is temporarily offered for IAMBK to continue services during the COVID-19 outbreak.
2. I understand that TAFTS is voluntary and that I can choose not to participate.
3. **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: _____

4. Group members are advised to keep confidentiality, but their disclosure cannot be controlled.
5. My therapist explained to me how TAFTS will be used. I understand that TAFT sessions will not be precisely as in-person sessions, as I will not be in the same room as my therapist.
6. I understand my therapist or myself can discontinue the TAFT sessions for technological difficulties or personal discomfort with the service format.
7. If I experience an emergency, I will call 911 or proceed to a nearest hospital emergency room.
8. I may experience benefits from the therapy, but that no results can be guaranteed or assured.
9. I understand 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.
10. **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
12. Neither interns nor staff at the AU MFT Center give or receive gifts from clients.

SAFETY PLAN

Please identify the names and phone numbers of three emergency contact 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, 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 #1-11, you indicate that you understand and agree to the following:

- ____ 1. I understand that the IAMBK services will be supervised by AUMFT core faculty.
- ____ 2. I understand the confidentiality policies of the AU MFT Center and agree to them.
- ____ 3. I understand my rights/responsibilities as an AU MFT/IAMBK client and agree to them.
- ____ 4. I understand that assessments are part of the treatment process and agree to answer the assessments honestly and thoroughly.
- ____ 5. I am willing to allow client assessments to be used for research purposes, as outlined in the agreement above, and as conditioned by the Auburn University IRB.
- ____ 6. 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.
- ____ 7. I understand that my therapist will verify my location before the start of TAFTS.
- ____ 8. I affirm that I have provided the MFT Center/IAMBK therapist with a working telephone number to reach me if the TAFTS connection fails during my session.
- ____ 9. 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 if the MFT Center does not call me back within five minutes.
- ____ 10. I understand and agree that my sessions will be carried out in-person at IAMBK or via the HIPAA compliant Zoom videoconferencing program.
- ____ 11. I affirm that I have been offered a copy of this consent form.

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

Signature of Client(s) (or 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: _____

Intake Information

Personal Information											
First Name		Middle Initial		Last Name		Today's Date					
Street Address		City		State		Zip		Home Phone		Cell Phone	
Birth Date		Sex		Email							
List Present or Previous Health Problems											
List Medications Currently Taking											
Parent Information if under 18											
First Name		Middle Initial		Last Name		Marriage Date					
Street Address		City		State		Zip		Contact Phone #			
Birth Date		sex		List Present or Previous Health Problems							
List Medications Currently Taking											

Signature

Signature

Please initial after reading this page: _____