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GUIDELINES

for Remote MHPSS Programming
in Humanitarian Settings

**Appendix F: Informed Consent
Form for Remote MHPSS**

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Appendix F: Informed Consent Form for Remote MHPSS

I consent to engaging in remote MHPSS services being delivered by International Medical Corps' MHPSS staff. I understand that remote MHPSS may include assessment, treatment planning, case management, as well as psychosocial, psychological, or psychiatric support.

Remote MHPSS will occur either through interactive audio or video applications through mobile phones, or via telephone calls. All remote MHPSS services will be delivered one-to-one, unless the client is a child under the age of 16 years old, or requires additional support for hearing impairments or if in a state of psychiatric crisis.

I understand I have the following rights with respect to remote MHPSS:

- I understand that the information released by me during the course of my sessions is generally confidential. There are mandatory exceptions to confidentiality, including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others.
- I understand that there are risks and consequences of MHPSS services being delivered remotely, including but not limited to, the possibility, despite reasonable efforts on the part of International Medical Corps that: the transmission of my personal information could be disrupted or distorted by technical failures; the possibility that the clinical information obtained may not be as rich, and that clinical interventions and recommendations will take this into account to mitigate risks.
- I understand that given the limitations of remote MHPSS service provision, I may be referred to alternative services if appropriate and available.
- I also understand that there are potential risks and benefits associated with any form of MHPSS intervention, and that despite my efforts and efforts of my MHPSS service provider, my condition may not improve, or may have the potential to get worse.
- I understand that the use of WhatsApp audio/video systems are not 100% secure and may have issues with Wi-Fi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Consenting to this show an awareness of these issues and a decision by this client to use these systems for remote MHPSS services.
- All of my questions regarding the above matters have been answered to my approval.
- By consenting to the contents of this document, I agree that certain situations including emergencies and crises are inappropriate for audio/video based mental health services. If I am in crisis or in an emergency, I should seek urgent help from an emergency responder. I understand that an emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and am not safe.
- I have discussed and agreed upon the following with my service provider:
 - Modality(ies) of remote contact to be used.
 - Time, date and duration of contact.

- If reminders are necessary and how they should be given, for example by text message, email or phone call.
- Who should initiate the contact.
- What to do if I do not call/respond to a call at an agreed time.
- What to do if there is a network failure and a call is cut off/not able to be made.
- What to do if there is uncertainty of the identity of the individual who responds using my device/platform account.
- I have the right to withhold or remove consent at any time without affecting my right to future care or treatment.
- I have (been) read this document in entirety, and fully understand the benefits and risks. I have had the opportunity to ask any questions I have, and have received satisfactory answers.
- I voluntarily consent to participate in remote MHPSS _____ consultation(s)
Client ID
- I consent to the collection and use of information from these consultations, as set out above

_____ Date: _____

Designate if consent is provided by a caregiver of the client, if client is a child or in a psychiatric crisis