**INFORMED CONSENT FOR GROUP TELEHEALTH SERVICES**

**PLEASE READ CAREFULLY BEFORE SIGNING**

A telehealth support group adds some unique challenges and situations that are addressed in this form. In order for group to work well, a safe environment must be created and maintained. The first step towards creating a safe environment is for you to understand and agree to the following guidelines:

**Confidentiality**

Information shared in group will be treated with the same type of confidence as individual therapy by the group facilitator. Information will not be released without your expressed permission. Exceptions to confidentiality are the same as those for individual therapy and are as follows:

1. Disclosure is required by law when there is reasonable suspicion of abuse of children, elderly persons, or dependent adults; or where the client presents a serious danger of violence to another.

2. Disclosure is permitted by law allowing protective measures to be taken if I am likely to harm myself.

3. There is a court order issued from a judge to release mental health records. While the group facilitator has legal and ethical mandates and guidelines to maintain confidentiality, a group member does not. Thus, it is imperative that all group participants commit to keeping identifying details of fellow group members confidential in order for the group to be a safe space for participation and disclosure.

Your group facilitator will use a HIPAA-compliant platform from a secure internet connection to protect the confidentiality of group members. Group members are responsible for the following:

1. Be in a private setting, alone with the door closed.

2. If possible, wear headphones to better protect the privacy of other group members.

3. Use a secure Wi-Fi/Internet connection rather than public or free Wi-Fi.

4. Should someone enter the room you are in, alert the group immediately, cover your screen and mute your volume. If the disruption is not brief, you may need to exit the group until you are alone again. If you are unable to return to group, please send a secure message to the group facilitator to inform them of the reason you were unable to return to group.

5. Recording of sessions is NOT permitted.

By joining the group, you are agreeing that you are in an environment where others cannot overhear the group's dialogue or see your screen. If the group facilitator notices that nonmembers are visible or audible during the session, they will ask you to secure your environment and/or leave the group until privacy can be attained. The group facilitator reserves the right to remove you from the group, if you do not do so yourself. If you are removed, the group facilitator will check in with you after the session ends.

**Benefits and Risks**

Group telehealth can have many benefits such as providing a space to share your personal experiences, giving and receiving support/constructive feedback, and experimenting with new interpersonal behaviors. While there are benefits to group telehealth, video platforms pose more risks and challenges than in-person groups, which can impact group member's confidentiality and comfort. Group facilitators' lack of control over group members' environments is an inherent risk of online group therapy despite attempts to ensure privacy (see Confidentiality section above).

If you have concerns about confidentiality, you are encouraged to discuss your concerns with the group facilitator and group members; please voice your concerns before leaving a session so the group can make adjustments. You may choose to leave a particular group session or the group altogether; please communicate your decision to the group facilitator. Additional challenges to a telehealth format that may create discomfort include technology issues that result in lag time or loss of internet connection and the loss of non-verbal cues and room for misinterpretation by group leaders and group members. Please clarify with group leaders and/or members if you feel misunderstood.

**Attendance and Timeliness**

Group members are expected to sign on to the video platform 5 to 10 minutes before the start time and stay throughout the entire session. Your early arrival ensures that the group is able to start on time, and provides time to trouble shoot if technical issues arise. If you are unable to attend a session, please contact your group facilitator prior to the meeting.

**Active Participation/Avoiding Distractions**

You are encouraged to freely and openly share your concerns, as well as experiences, feelings and reactions with the group. You will discuss as a group how best to identify that you need time to talk during the group to avoid interrupting others. Please keep in mind the following considerations so you and others can feel your "presence" in group:

1. Connect with both video and audio, unless you make prior arrangements with your group facilitator. You may choose to only use audio and not video if you choose to do so.

2. Do your best to eliminate distractions and interruptions: silence phone calls, text messages, emails and other notifications; put a "do not disturb" sign on your door.

3. Look at the screen/camera to show you are attentive; stay focused on group interactions.

4. Use gallery view so you can see the faces of all participants.

**Payment for Group Sessions**

Your credit card on file with Dr. Mary A. Patton will be charged for group therapy sessions at the group therapy rate. If you wish to pay via a different payment method, please notify Dr. Patton more than 48 hours before the beginning of group session. A 48-hour cancellation policy will be in effect for all group sessions. Please provide notification if you cannot attend group therapy at least 48 hours prior to the start of the group therapy session. You will be charged if you provide less than a 48-hour notification or no show to group therapy sessions.

**CONSENT**

I have read and understood the information provided above, and agree to abide by the guidelines for participation in group telehealth. I am satisfied that I have had opportunity to have any questions or concerns addressed by my mental health provider. By submitting this document, I agree to abide by its terms.

IF YOU HAVE ANY QUESTIONS, PLEASE DISCUSS THEM WITH YOUR THERAPIST

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type your full name for electronic signature) (Today’s Date)