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## Informed Consent for Group Telemental health Services

### Read Carefully Before Signing

A telemental health therapy 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 therapist. 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 measure 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 therapist 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 therapist 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 consistent 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 therapist to inform them of the reason you were unable to return to group.
5. Recording of sessions is NOT permitted by group members or therapists.

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 non-members 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 therapist reserves the right to remove you from the group, if you do not do so yourself. If you are removed, the group therapist will check in with you after the session ends.

### **Benefits and Risks**

Potential Benefits of Group Therapy include a better understanding of your personal goals and values, improving personal relationships, and resolution of specific problems you are facing in your life. It is important to recognize that therapy is not magic, and change does not occur overnight. Your willingness to participate fully in group and your openness to take feedback from your therapists and other group members will play a role in how much you gain in therapy. In particular, the extent to which you are open and honest about yourself will play a role in how quickly you can achieve your goals.

Potential Risks of Group Therapy starts with it can be uncomfortable. You may remember unpleasant events, or experience feelings of anger, fear, anxiety, sadness, frustration, loneliness, helplessness, or other unpleasant feelings. If these distressful emotions arise during your therapist, please talk with your group and your group therapist.

During the process of group therapy, it is normal to have intense feelings and reactions to other group members or even towards your group therapists. Again, these are understandable emotions that should be discussed and processed in the group setting. If you believe that the group is not the most appropriate setting for you to heal and grow, please talk to your therapist about other possible options.

### **Attendance and Timeliness**

Group members are expected to sign on to the video platform within 5 minutes of the group time and to 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 therapist prior to the meeting.

It is very important that you consistently attend scheduled group therapy sessions. Although illness, unexpected events, or vacations may occasionally interrupt your therapy, consistent attendance plays a large role in helping you, and your fellow group members achieve your desired goals. Please be aware that your absences negatively influence the progress of yourself and the other group members. If for any reason you are not able to attend a group session, please inform your group therapist at least 24 hours prior to group.

### **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 is required.
2. Do your best to eliminate distractions and interruptions (silence phone calls, texts messages, emails and other notifications)
3. Look at the screen/camera to show you are attentive – stay focus on group interactions.
4. Use gallery view so you can see the faces of all participants.
5. Suggestions for being fully present in group are to sit at a desk with your device at face level, use a tablet or computer rather than a cell phone, and sit with a light source behind your camera so your face is visible.

### **Fees**

At your intake, fees were discussed with you for your group therapy. Those fees are due at the beginning of every group session or per the payment agreement you made. Some group members may choose to pay in advance for services rendered on a monthly basis. If you pay in advance and have an excused absence, then that payment will be held as a credit for future sessions.

Payment can be made by debit or credit card. As the administrative costs of running a practice change, session fees may be adjusted accordingly. In such cases, your group therapist will discuss the adjusted fee with you at least 30 days before a change will come into effect.

### **Crisis Management and Intervention**

At the start of each group session, you will be asked to provide the address at which you are attending telehealth group sessions and an emergency contact to your group therapist. By providing this information, you agree to have your group facilitator contact your emergency contact and any additional emergency personnel as needed in the event of an emergency. What constitutes an emergency is at the discretion of the group therapist and includes but is not limited to becoming incapacitated during the course of a sessions and/or expressing harm to self or others when your group therapist is unable to reach you for further assessment.

If you are having thoughts of suicide or are unsure of your ability to maintain the safety of yourself or others, you agree to utilize crisis services instead of attending the group session. To be connected to a

counselor during regular business hours, you can call the main line at (765) 505-8908. For 24/7 crisis support, you can call the National Suicide Hotline at (800) 784-2433. If you need immediate attention and/or your concerns are life-threatening, please call 911 or go to the nearest emergency department.

### **Continuity of Care**

In order to maintain continuity of care, the group facilitators may communicate with your current or past individual therapist or access past records from appointments at Hope Recovery.

### **CONSENT**

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