

TELEHEALTH GROUP COUNSELING AGREEMENT

As a participant in telehealth group counseling services offered by _____ (*name of therapist or practice*), it is important that you read this document to understand the nature of online groups, confidentiality, safety, and the risks and benefits of these services to you and fellow participants.

Although online group therapy has been shown to be beneficial for participants, not everyone will find it helpful. If another form of intervention is determined to be more appropriate for you, we will work with you to obtain a referral to a more appropriate service.

Confidentiality and Privacy:

_____ (*name of therapist or practice*) adheres to the professional, legal, and ethical guidelines of confidentiality. Information about your participation in group sessions will be released only with your signed consent, unless otherwise authorized by applicable law, such as including situations involving allegations of abuse, or risk of immediate danger or harm to self or others. In order to have information released regarding couple's counseling, both partners will need to give signed consent (unless otherwise authorized by applicable law, as stated above).

The group leader will use email to schedule and organize the online group sessions and to receive cancellation notifications from group members. Please note that email is not a secure method for sharing detailed clinical information. If you need to discuss any clinical concerns, please call _____ (*phone number*) and leave a secure voicemail message. *Please note: messages may not be checked for more than 48 hours. If you find yourself in crisis, call 911 or go to your nearest hospital emergency department.*

In order to help protect everyone's privacy online, all group members must agree to the following:

- Headphones/earbuds are recommended so that conversations are more private and protected.
- If someone enters your room or personal space, alert your group members, cover your screen, and reduce the volume to 0. You may need to exit the group until you are alone again. If you are unable to return to group before the session ends, email your group leader to explain your exit.
- Use a secure Wi-Fi/Internet connection instead of public or free Wi-Fi.
- Do not record or take screenshots of the sessions.
- Do not identify another member to anyone outside of the group, including names, physical descriptions, biological information, and discussions.

To optimize your experience in an online group therapy session, here are some suggestions:

- Connect using both video and audio, unless prior arrangements are made with your group leader.
- Eliminate distractions: put a “do not disturb” sign on your door, turn off your cell phone, turn off music/TV, and try to be in a separate room from children and pets.
- Look at the screen/camera when others are speaking to show you are paying attention.
- Use as large a screen as possible (laptop or tablet, instead of phone screen).
- Dress and prepare for the group as if you were attending an in-person group.
- Communicate directly with your group, instead of using the video’s chat feature.
- Sit with a window or light source behind you, so that your face is visible.
- If technological issues disconnect you from the group session, please try to rejoin. If you are unsuccessful, email the group leader to explain your exit.

Because online technology is not as dependable as in-person sessions, your audio and video may be interrupted or frozen. Non-verbal cues, like body language and facial expressions, can be harder to read or may be misinterpreted by the group. Please clarify if you feel misunderstood after sharing information or expressing yourself.

Contact Information/Emergency Contact Information:

In order to participate in a telehealth group counseling session, you will need to provide the address where you will be during the group session. You will also be asked to provide the name and contact information of an Emergency Contact. If there is a concern for your wellbeing during the group, the group leader may contact your Emergency Contact. If you experience an emergency during the group, the group leader may also request a welfare check by your local safety department.

Between group sessions if you find yourself in crisis, please call 911 or go to your nearest hospital emergency department.

I have received, read, and understand the guidelines of this agreement.

Printed Name

Date

Signed Name