

Informed Consent for Group Therapy by Telehealth

This Group Therapy Informed Consent is an addendum to my Informed Consent for Psychotherapy, which must be signed and agreed to before proceeding to Group Therapy.

Telehealth is a delivery of health services using interactive technologies (e.g., phone or video sessions) between a practitioner and a client who are not in the same physical location. All practice policies remain the same, including that you agree to be on time for your session, and you follow the practice's cancellation policy if you are unable to attend your appointment.

1. I understand that a telehealth session has potential benefits including easier access to care, the convenience of meeting from a location and time of your choosing, and ability to limit one's physical contact with others during COVID-19.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand the provider uses a confidential, HIPAA compliant video platform that safeguards data and provides a secure platform. However, there is always the potential risk to client confidentiality when the internet is involved, and this is heightened in a group format.
3. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. I will not record or photograph any part of the group or the group members, or allow anyone into my room while the group is in session.
4. I understand that I may learn the full names of group members due to their name being listed on the video. I agree not to seek out any information about group members (e.g., using a search engine or social media), nor contact them outside of group if this is against the specific group agreements. If I choose not to show my full name, I will ask the group leader how to change my display name, if I do not know how to do it.
5. I understand I need to have access to the appropriate technology to participate in the service provided. This includes being on a secure internet connection, rather than public or free Wi-Fi. For video sessions, being in a room where there is good lighting, keeping the video steady by either placing your computer on a hard surface or leaning your phone against something sturdy, and keeping your camera on throughout the entirety of the session.
6. I need to be in a location free of disruptions, where I am alone and can speak freely, and where others will not see the screen, or hear the conversations of the group. This may include using headphones if necessary.
7. If I am under the age of 16 in the State of Montana, I need the written permission of my parent or legal guardian to participate in telehealth.
8. If I am using insurance benefits, I will confirm with my insurance company that telehealth group therapy sessions will be reimbursed, and will make direct payment if they do not.
9. I have access to my provider so I can ask any questions I have about potential risks, benefits and any practical alternatives to group telehealth.
10. I understand I can decline telehealth services at any time without jeopardizing access to future care. I can inform my provider I would prefer to wait until the next in-person appointment, though this may impact your membership in the group.

11. I will maintain accurate records in my primary TherapyPortal.com account and will inform my provider of any changes to my physical address from where I will usually be doing group telehealth. If I am at a different location, or have a different phone number and/or a new emergency contact than is provided in my primary account, at the beginning of the group session I will send a text to the group leader of my new location, and/or phone, and/or emergency contact person. In the event you are temporarily located out of state, this may impact your ability to attend the session due to licensure rules.
12. I understand that should the provider determine, due to certain circumstances, that telehealth is no longer appropriate, we can resume in-person sessions at the next available appointment. At that time, there may be a separate informed consent regarding returning to in-person services.
13. I understand and agree attendance is critical for successful group therapy, do I will prioritize my participation in group telehealth sessions and will commit to at least three consecutive weeks before making a permanent decision to not participate.
14. I also understand and agree to be mindful of equal talking and listening to others while sharing of thoughts, feelings, stories, and time so that every group member will be and feel seen and heard.

Acknowledgement of Understanding and Agreement

Thank you for reviewing this Informed Consent and taking time to understand our agreement for working together. If you ever have questions or concerns, I invite and encourage you to speak with me about it. I look forward to working with you.

YOUR DIGITAL SIGNATURE IN YOUR CLIENT PORTAL AT THERAPYPORTAL.COM INDICATES YOU HAVE READ AND UNDERSTAND THIS AGREEMENT, AND THAT YOU AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT YOU HAVE RECEIVED AND UNDERSTAND THE HIPAA NOTICE DESCRIBED HEREIN.