

### **1. Confidentiality**

I understand the laws that protect the confidentiality of my medical information also apply to telehealth, including group treatment conducted over video telehealth. I understand that [Agency Name] has instituted procedures and policies to protect my privacy and confidentiality. The provider will lock the virtual medical room to ensure no unauthorized person will enter the session or listen.

I understand that everything said and done in group is confidential. I agree to protect the group confidentiality, by not revealing the names of other members of the group, nor what is said and done in the group. I understand that if I violate this confidentiality, I will be removed from the group.

I understand that there is an exception to this confidentiality that applies to the group provider. The one exception to confidentiality is when the provider believes that I may be a threat to myself or others.

### **2. Risks and Consequences**

The [Agency Name] does not record telehealth sessions, including group telehealth sessions, without prior approval. I understand that I will not audio or video record any portion of the treatment session. I acknowledge that while this session will not be audio or video recorded by [Agency Name], there is a risk that the session *could be* audio or video recorded and disseminated by a group member without knowledge or approval from [Agency Name] or other group members. The consequence for any member audio or video recording any portion of the treatment session will be the removal from the group for violating confidentiality, as well as referral for prosecution to the full extent of federal and local laws. Applicable local laws may include the location of the provider and all members.

### **3. Privacy**

Participation in this group is voluntary, and I have the right to withdraw from the group at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I am otherwise entitled. No group member is ever required to answer any question, to participate in any activity, or to say anything. If I am asked questions or asked to participate in an activity that makes me feel uncomfortable, I understand that I have the right to decline, and I agree not to pressure any other group member to participate if they are uncomfortable. I agree to be in a quiet, private location during my session.

### **4. Dignity**

I agree that I will be tolerant, respectful, and supportive of other group members. I will avoid language that stereotypes or is derogatory to others and will provide only helpful feedback. I will be considerate of others who are talking, will give others a chance to talk, and will not engage in side conversations.

### **5. Behavior**

Safety is of the utmost importance. Violence or intimidation toward other group members is not tolerated. Gossip and grudges can be very destructive in a group. I agree that if I have something to say to another group member, I will say it to the member directly and in a respectful way rather than talk about him or her with others.

I understand that if the provider believes that I am under the influence of alcohol or other drugs, I will be asked to leave the group.

**I have read the agreement for group sessions and agree to follow it. The provider will note in my medical record that I have received, read and acknowledged this agreement.**

\*In developing this consent form it was necessary to use several technical words; please ask for an explanation of any that you do not understand.