

## **Informed Consent for Group Telehealth Services**

### **Group Telehealth Services**

The Mental Health Association in Ulster County Inc. is currently using Zoom for group telehealth services. This system meets HIPAA standards of encryption and privacy protection, but we cannot guarantee privacy. You will not have to purchase a plan to use this program, as it is accessible through a phone number or online application. We reserve the right to change the telehealth platform we use at any time based on new information. You will be informed of any changes that occur. We offer support groups, workshops, and wellness program groups. For simplicity, all group services will be referred to as “group” unless otherwise specified.

#### *1. Confidentiality*

Our personal commitment to maintaining confidentiality remains the same as stated in our Notice of Privacy Practices, which also indicates that our exceptions to confidentiality include 1) We have reason to believe you are at an immediate risk of harm to self or others, 2) We have reason to believe a child or dependent adult, such as an older adult or person with a disability, is, or has been, in danger of physical, sexual, or emotional neglect or abuse, and 3) Legal mandates.

Because of the risks associated with using technology, however, we have a decreased ability to fully guarantee confidentiality of your information. To do our best, we are using a HIPAA compliant platform, will engage in services over a secure internet connection, and ensure our computers have anti-virus protection. We encourage you to take the same precautions to protect your information.

#### *2. Potential Benefits to Group Telehealth Services*

Telehealth services have potential benefits including easier access to care, continuity of care, increased social connection, and the convenience of meeting from a location of your choosing.

Additional benefits to group services might include comfort in knowing you are not alone and that others have similar concerns or sources of stress, the opportunity to gain perspectives from multiple people rather than from one individual counselor, consistent and weekly meetings, and increased motivation to reach your goals due to a sense of accountability one might feel as a group member as well as receiving support from multiple people.

#### *3. Potential Risks of Group Telehealth Services*

There are potential risks to this technology, including interruptions, unauthorized access or breaches of information, and technical difficulties, which cannot be predicted or fully controlled. As with any group, we cannot make guarantees about the results of the services. People may also have increased difficulty reading non-verbal cues and knowing when to speak in order to avoid interrupting others. Please be patient with the facilitator and other group members in this process.

#### *4. Voluntary Participation and Termination*

You should not participate in group telehealth services other than on a voluntary basis. You have the right to withdraw from the group at any time.

#### *5. Referral to Alternative Resources*

If the group facilitator determines that group telehealth services are inadequate for the situation and your needs, we reserve the right to either refer you or provide you a list of services available in your community.

#### *6. Request for Feedback*

In order to maintain high quality group services, we may ask you to complete an anonymous evaluation of the group you attended. While your completion of this evaluation is voluntary, your input would be greatly appreciated.

### **Your Responsibilities as a Group Participant**

1. You must use a secure (non-public) internet connection to participate in the group.
2. Recording of the telehealth group meeting by members is strictly prohibited. It is your responsibility to disable computer and device-generated recording. You may be subject to legal action if you create or share any audio or video recordings of group meetings. Should the facilitator need to record the session for supervision purposes, that person will first obtain the written consent of all participants. This includes no pictures or screenshots.
3. In order to maintain the group's privacy, it is important to connect from a quiet and private room with no interruptions or distractions from people or other devices. It is imperative that no persons other than yourself are in hearing or visual proximity to you during the meeting. This includes no speakerphone is you are not in a private area.
4. Although guarantees cannot be provided by the group facilitator(s), group members must agree to maintain the confidentiality of other group members. This means that you may not disclose names or other identifying information about group members, nor may you discuss the personal issues and experiences of other members. This includes, but is not limited to, written posts and pictures on social media forums. Discussing your own experience of being in the group with non-members is acceptable.
5. It is important that group members arrive on time for the group meeting to minimize disruptions.

6. If at any point you are experiencing thoughts of suicide or homicide, it is your responsibility to contact our office for support or, if it is after business hours, to contact a crisis line (Family or Woodstock calls 845-338-2370, text 845-679-2485, Mobile Mental Health 844-277-4820, Suicide Prevention/Support 1-800-273-TALK) or 911.

If you make comments during the group meeting suggesting suicidal thoughts, homicidal thoughts, or abuse or neglect of a child or dependent adult, please be aware that a staff may follow up with you after the meeting has ended to ask additional questions about these disclosures in order to assess the current level of risk. You may be contacted after the group for follow-up by: 1) the group facilitator and/or 2) an MHA staff. If we cannot reach you and suspect you might be at risk of harm to yourself or others, we reserve the right to communicate with your emergency contact or request a wellness check by the local police in your area.

7. Each person is supported in their personal recovery. All are respected and expected to show respect and courtesy at all times. We respect diversity, as differences are positive, strengthening and celebrated. This being said all participants are encouraged to participate. Each person's point of view is important and received in a non-judgmental way. Each person will strive to be clear in their expectations and communication with others. No verbal, non-verbal, or physical threats are tolerated.
8. Alcohol and illicit drug use is not permitted. Anyone presumed to be under the influence will be asked to not participate.

## Consent for Services

By agreeing to this consent form,

1. I confirm that I have read and fully understand the above, I have contacted the Mental Health Association with any questions I have, and I agree to adhere to the responsibilities and expected respectful conduct contained herein.

2. Please check **the box below to authorize:**

I authorize The Mental Health Association's facilitator(s) to allow us to meet via a **telehealth platform** and to send Zoom invites and group/workshop materials to my email account or via mail or delivery depending on my preference. I am aware that there may be additional charges from my internet and/or phone provider and I do not hold the Mental Health Association in Ulster County, Inc. accountable for those charges.

3. For those in Wellness program groups or those providing or who have provided the following information, for the purposes of maintaining the safety of myself and others, I consent to allowing MHA to use my phone number, email address, physical address at which MHA can connect to emergency services, and an emergency contact if needed.

4. Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Email address: \_\_\_\_\_

6. Phone Number: \_\_\_\_\_

MHA Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_