

# Informed Consent for Group Therapy by Telehealth

## Overview

Telehealth is the 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 standard policies remain in effect, including your agreement to be on time for your session and to follow the cancellation policy if you are unable to attend. This consent form should be read in conjunction with my **Privacy Policy**, which outlines how your personal information is managed as a solo practitioner.

### 1. Nature, Benefits, and Risks

I understand that participating in online group psychotherapy involves specific benefits and risks.

- **Benefits:** Easier access to care, the convenience of meeting from a private location, and the therapeutic benefit of learning from the experiences of others (the "mirror effect").
- **Risks:** Potential for technical difficulties, interruptions, and the inherent emotional discomfort that may arise when discussing psychological patterns. I acknowledge that I have had a conversation regarding these benefits and risks.

### 2. Technology and Security

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand the provider uses Zoom as the platform. Despite the existing precautions, I acknowledge there is always a potential risk to client confidentiality when the internet is involved, and this risk is heightened in a group format.

### 3. Privacy and Anonymity Options

I understand that I have options regarding my visibility in the group:

- **Observer Mode:** I may choose to join the session with my camera and microphone turned off to participate as an observer.
- **Pseudonyms:** I understand that I may choose to use a "Display Name" (pseudonym) or first name only on the Zoom platform to protect my identity. If I do not know how to change my display name, I will ask for assistance before or at the start of the session.

#### **4. Confidentiality within the Group**

To maintain the privacy of all participants, I agree to the following strict boundaries:

- I will **not** share my telehealth appointment link with anyone unauthorized to attend.
- I will **not** record, screenshot, or photograph any part of the group or the group members.
- I will ensure I am in a private location where no one else can hear or see the group session.

#### **5. Disclosure of Identity to Other Participants**

*Please read carefully:* I understand that by joining a group video session, my image, voice, and display name may be visible to other participants.

- I acknowledge that other participants will have access to whatever personal information I choose to share or display.
- I specifically consent to participating in this shared environment, understanding that while confidentiality is a strict condition of attendance, absolute silence from other group members cannot be guaranteed.
- I agree **not** to seek out information about other group members (e.g., searching for them on social media) or contact them outside the group unless explicitly permitted by the group agreement.

#### **6. Environment**

I commit to being in a location free of disruptions where I am alone. I will use headphones if necessary to ensure that people in my physical vicinity cannot hear the other group members speaking.

#### **7. Voluntary Participation**

I have access to my provider to ask any questions about potential risks, benefits, and practical alternatives to telehealth. I understand I can decline telehealth services at any time without jeopardizing access to future care.

## **Certification**

By signing below, I certify:

- That I have read, understood, and agree to the items contained here.
- That I fully understand the risks and benefits of group telehealth, including the visibility of my information to other participants.

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date