Informed Consent for Group Therapy by Telehealth

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 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 my choosing, and the ability to limit physical contact with others.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. The provider uses a confidential, HIPAA-compliant video platform that safeguards data. However, there is always a 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. 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.
5. I understand I need access to the appropriate technology to participate, including a secure internet connection rather than public or free Wi-Fi.
6. Please keep the following in mind so you and others can feel your “presence” in group: eliminate distractions and interruptions; silence phone calls, texts, emails, and other notifications; position your device at face level; be in a room with good lighting; keep the video steady on a hard surface or sturdy support; and keep your camera on throughout the session.
7. 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 group's conversations. This may include using headphones if necessary.
8. If I am using insurance benefits, I will confirm with my insurance company that telehealth group therapy sessions will be reimbursed.
9. I can request that Barbara Lauer communicate with my individual therapist to support continuity of care.
10. The Mindfulness therapy group is not meant to replace individual therapy. Group members are expected to seek support from their individual therapist and/or utilize external crisis resources in the event of a crisis or if experiencing thoughts of self-harm or suicide. For 24/7 crisis support, call the National Suicide and Crisis Lifeline at 988 or Lines for Life at (503) 244-5211.
11. If I need to contact Barbara Lauer between sessions, I can call 503-715-1962 or email barbaralauer@proton.me.

By signing below, I certify:

- That I have read, understood, and agree to the items contained here.
- That I fully understand its contents, including the risks and benefits of group telehealth.

Name	Signature	Date