

Informed Consent for Group Telehealth Services

Technology

Texas Tech Physicians of The Permian Basin 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 for free here:https://ttuhsc.zoom.us/. 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.

Confidentiality

Texas Tech Physicians of The Permian Basin' commitment to maintaining confidentiality remains the same as stated in our **Informed Consent to Telemedicine/Telepharmacy Consultation.** Please refer to those documents for legal limits to confidentiality.

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:

- o 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
- o consistent and weekly meetings
- increased motivation to reach your goals due to an increased sense of accountability one might feel as a group member as well as receiving support from multiple people.

Potential Risks of Group Telehealth Services

Please refer to the **Informed Consent to Telemedicine/Telepharmacy Consultation.** for risks of engaging in telehealth. For group therapy in particular, people may have increased difficulty reading non-verbal cues from one another and knowing when to speak in order to avoid interrupting others. An additional risk is trusting that fellow group members are in a secure, private space. To ensure the confidentiality of all group members, Texas Tech Physicians of The Permian Basin requires that group members guarantee they are in a secure, private space to participate in the group. Facilitators reserve the right to dismiss group members who violate this policy. Additionally, information about group members should

not be discussed, even with other group members, outside of the session. This includes the use of social media platforms.

Voluntary Participation and Termination

While participation in group telehealth services is on a voluntary basis, attendance at every session is expected. If, for any reason, you wish to quit group, for your benefit and the benefit of the group, it is recommended that you share your decision with the group. This may necessitate attending at least one more group session.

Your Responsibilities as a Group Participant:

1. You must use a secure (non-public) internet connection to participate in group.

2. Recordings (video, audio, or screen shots) 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 recordings of group meetings. Should the facilitator need to record the session for supervision purposes, that counselor will first obtain the written consent of all participants.

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.

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. If you are unable to attend your scheduled appointment, please message your group facilitator(s) through the student portal at least 24 hours in advance.

6. If at any point you are experiencing thoughts of suicide or homicide, it is your responsibility to notify the group facilitator(s) and utilize external crisis resources.

I, the undersigned patient, do hereby understand and state that I agree to the above consents that I have initialed as "agree" and I do not agree to any that I have initialed as "decline." I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents.

Date:	Time:	am/pm
Signature:		
Printed Name:		