

Center for Counseling and Psychological Services **Group Therapy and Teletherapy Consent Form**

Please read through the information below and feel free to ask any questions. Once you are ready to participate, please sign this informed consent form below indicating that you have read the information and are properly informed about group therapy. For simplicity, all group services will be referred to as “group” unless otherwise specified.

Confidentiality

Confidentiality is a collective responsibility of all group members and facilitators, and is a necessary commitment for continued participation in the group. Your group facilitators are ethically and legally bound to maintain your confidentiality and will not release your information to anyone outside of the Center for Counseling and Psychological Services (CCPS) without your written permission. Legal and ethical exceptions to confidentiality include: 1) being in imminent danger of harming yourself or someone else; 2) knowledge or suspicion of current and ongoing child abuse or dependent adult abuse; and 3) legal mandates, such as subpoenas or court orders.

While group facilitators are legally and ethically required to maintain your confidentiality, except as required by law, group facilitators cannot guarantee that other group members will not share your information with others. Thus, confidentiality among group members is based on mutual trust and respect. **By signing this form, I agree to maintain the privacy of my fellow group members. This includes, but is not limited to, names, physical descriptions, medical information, and specifics of the content of interactions with other group members.**

Zoom Technology

CCPS uses Zoom for some group services. Our version of Zoom meets Health Insurance Portability and Accountability Act (“HIPAA”) standards of encryption and privacy protection, but we cannot guarantee privacy. In order to participate in group teletherapy, you must have access to the following: 1) a secure and stable internet connection; and 2) a laptop, computer, tablet, or mobile device capable of videoconferencing. In addition, we ask that you keep your camera turned on for the duration of each group session, unless you need to step away temporarily (e.g. use the restroom). Recording of group sessions by group members is prohibited.

For Group Teletherapy only

It is important that we can get your help in the case of an emergency. In order to participate in group teletherapy, group facilitators need to know your physical location and contact information for a person to be contacted in the event of an emergency:

- Emergency Contact (Name and Telephone Number): _____
- Location _____

Practicum/Intern Staff

Some group facilitators are advanced graduate students providing services as part of their supervised clinical training. All practicum students and psychology interns are carefully selected and work under the close supervision of licensed, permanent professional staff.

Recording

To support high-quality care and professional training, your group facilitators who are under supervision request your consent to audio- or video-record group sessions for supervision purposes. Any recordings will be used solely for confidential review within internal clinical supervision and training, and will not be shared outside of this context. No session will be recorded without your prior knowledge and explicit consent.

Recordings will not become part of your permanent clinical record and will be securely stored and deleted in accordance with clinic policies. You may withdraw your consent to recording at any time.

Additional Responsibilities as a Group Member

- *Privacy:* You must have access to a private and quiet space for each group session in order to maintain privacy and minimize interruptions. It is crucial that no one is within close visual or hearing proximity to you during group sessions.
- *Commitment:* Participation in groups requires a strong and steady commitment to ensure cohesiveness. With this in mind, we ask you to agree: 1) to attend weekly; 2) to prioritize group sessions in your schedule; and 3) to notify group facilitators about your absence as soon as you are able.
- *Punctuality:* Group will start and end on time. Your punctuality is crucial to group running smoothly, so please arrive on time and stay the entire session.
- *Engagement:* Your facilitators and fellow group members expect your full participation and engagement during group. This helps ensure that group feels safe and supportive for all involved. Please silence or turn off your cell phone and minimize other distractions (e.g. schoolwork, social media, email, etc.) while you are participating in group.
- *Goals and Participation:* Your group facilitators are happy to collaborate with you to develop appropriate therapeutic goals for your group therapy experience. You are in control over how much you speak or share with the group.
- *Eating and Drinking:* If you are using an on-campus space, please adhere to the food and drink restrictions for those respective spaces. You agree to attend group sober and do not use drugs or alcohol during the group session.
- *Evaluations and Feedback:* In order to improve and grow our group therapy program, we will ask you to complete an anonymous evaluation at the conclusion of group. While your completion of this evaluation is voluntary, we greatly value your feedback. Information provided in these evaluations is de-identified, aggregated, and reported to the Director of CCPS.

If You are in Crisis

If you are feeling suicidal or in need of extra support, please share in group or with your group facilitators afterwards. If you are in need of support in between groups, you can call CCPS (314-935-6695) to request a crisis session with the on-call counselor. After hours, you can connect to a mental health professional via the TimelyCare app – just select the “Talk Now” service. In cases of emergency, please call the WUSTL PD at 314-935-5555 (if on-campus) or dial 9-1-1 (if off-campus).

Consent for Group Therapy and Teletherapy

By signing this consent form, I understand and agree to the following:

- 1. I understand that due to the nature of the session, CCPS cannot guarantee that information shared in the Group Therapy and/or Group Teletherapy sessions will be kept confidential.**
- 2. I will not record (video, audio or screen shot) any portion of the Group Therapy and/or Group Teletherapy sessions and understand that doing so is strictly prohibited. I understand that I may be dismissed from the group for doing so.**
- 3. I agree to maintain the confidentiality of other group members. I will not disclose names or other identifying information about group members and will not discuss personal issues or experiences of other group members or share this information on any social media.**
- 4. I agree that I will not post information or pictures that name or show any group members on social media.**
- 5. I have carefully read, understand, and agree to all of the conditions contained in this Consent Form.**

Acknowledgement and Consent: I have read and understand this consent. I have been given an opportunity to ask questions about Group Therapy and Teletherapy sessions and my questions have been answered to my satisfaction. The risks, benefits and alternatives of Group Therapy and Teletherapy sessions have been explained to me. I hereby understand and agree to the above statements and consent to participate in Group Therapy and Teletherapy sessions as described in this document.

Signature of Client

Date

First and Last Name: _____

WUSTL ID: _____

Release and Waiver

I hereby release and discharge Washington University, CCPS, its clinicians, employees, and agents (“Released Parties”) from any and all claims which may arise from any cause whatsoever in connection with my participation in Group Therapy or Group Teletherapy Sessions. I hereby waive all applicable federal and state privacy protections, including but not limited to HIPAA protections and protections under 42 CFR Part 2, in order to participate in Group Therapy or Teletherapy sessions. I further release the Released Parties from any liability for any accident, illness, injury, death, loss or damage to personal property or reputation, or any other consequences arising or resulting directly or indirectly from the Group Therapy or Group Teletherapy Sessions. I acknowledge that Released Parties assume no responsibility for any liability, damage, injury or death that may be caused by my or the other group members’ negligent or intentional acts or omissions committed prior to, during or after the Group Therapy or Group Teletherapy Sessions or for any liability, damage, injury or death caused by the intentional or negligent acts or omissions of others. I agree to indemnify, defend and hold harmless the Released Parties from any injury, loss, or liability including reasonable attorneys’ fees and/or any other associated costs, from any action, claim or demand in connection with the Group Therapy or Group Teletherapy Sessions.

Signature of Client

Date