

# INFORMED CONSENT FOR GROUP THERAPY TELEMENTAL HEALTH SERVICES

Psychology Clinic  
Washington State University  
P.O. Box 644820  
Pullman, WA 99164-4820  
509-335-3587 Fax: 509-335-1030

## **About Group Therapy**

Group therapy is a collaborative atmosphere where you can learn to better understand your strengths and weaknesses within an emotionally supportive atmosphere. Group meetings often involve leader-facilitated discussions about a common topic, as well as psychoeducational components where you can develop new skills. In a skill-based therapy group, you not only receive help and support from the group leader(s) but also from other members of the group who have some of the same concerns you may have.

## **About Telemental Health**

Telemental Health (TMH) refers to counseling services provided remotely using telecommunications technologies such as secure video conferencing or telephone. TMH Services are conducted and documented in a confidential manner according to applicable laws and professional and ethical standards consistent with in-person services.

One of the benefits of TMH is that the client and clinician can engage in services without being in the same physical location. A growing body of research indicates that TMH can be an effective mode of treatment with benefits similar to face-to-face-therapy. However, like any other form of treatment, the results of TMH cannot be guaranteed.

## **Who Provides Group Therapy Services?**

Our therapy staff is composed of psychologists and doctoral-level therapists in training. If, after you've met for a few group sessions, you believe that your therapy goals are not being met, please raise this concern with your group leader(s). If it appears that another therapy modality might be a better fit for you, or that your needs cannot be met at the WSU Psychology Clinic, we will be happy to facilitate a referral to an alternate provider.

## **Use of Psychological Assessments**

In group therapy, assessment is generally used to measure progress towards a therapy goal, such as a reduction in symptoms of anger or anxiety. Such measures enable you and your group leader(s) to determine whether or not group therapy is being effective. Your group leader(s) will explain the purpose of any assessment measures recommended for group members, provide information for understanding results, and help you use results in the context of group therapy. You have the right to refuse participation in any assessment at any time.

## **Confidentiality in Group Settings**

Therapy is private. Who is in therapy and what is discussed is confidential. This information is not exchanged with anyone outside our agency without your written permission, with some exceptions that will be explained below. Members will be asked to keep group members names and discussion that occurs in group confidential; however, this does not guarantee that other group members will maintain confidentiality. Please consider this when you choose to share personal information. Some group members may have worked with a group leader previously in individual therapy. Information from that therapy will be considered confidential by the group leader.

There are exceptions to maintaining confidentiality by Washington State law for the group leader(s). If we suspect that a child or vulnerable adult is being injured or endangered, we are obligated by law to contact the appropriate authorities. If information is subpoenaed by a court of law, we must comply with that request. If we believe that you may be in imminent danger of injuring yourself or someone else, we may

contact emergency personnel to facilitate maintaining your safety and the safety of others. Additionally, in order to coordinate the best services for you, we may consult with other WSU Psychology Clinic providers without your written permission.

Group leaders meet regularly with clinical supervisors. They will talk with their supervisor about what is happening in group to receive assistance as part of their training and to ensure that you are receiving high quality treatment. If you are in individual therapy with someone at the WSU Psychology Clinic, your group leader(s) may also consult with that counselor to coordinate services to better meet your needs.

### **Confidentiality and TMH**

Although we are using technology that has been approved for delivering secure telehealth services, there are some inherent risks to privacy and confidentiality anytime that technology is used. By consenting to TMH services, you are indicating that you understand that risk. Additional questions about this risk should be discussed with your clinician.

Student clinicians will be providing services from their own home or from the WSU Psychology Clinic. They will be in a private location using a secure server and WSU-owned computers. Faculty supervisors may choose to join a zoom session in silent mode for training purposes. TMH sessions that are conducted from the Psychology Clinic will be recorded and reviewed by supervisors using the same technology that is used for in-person sessions in the Clinic.

Clinicians will take steps to protect your privacy by ensuring that they have a private and secure space to conduct your session. You are responsible for taking steps to protect your privacy during sessions as well, including finding a space that is private, quiet, and minimally distracting (e.g., turn off cell phones, close other programs on your computer). We will be using a “HIPAA compliant” version of Zoom, a cloud-based video conferencing tool for TMH sessions. Zoom requires the use of a browser but does not require any software download. However, you will need to set up a free Zoom account for your sessions. This can be done by visiting [www.zoom.us](http://www.zoom.us).

To use Zoom to receive TMH services with your provider, you will need access to Internet service. You are advised to use a secure internet connection. For best picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible. If you do choose to use Wi-Fi please use a secure, private and password protected connection. It is not appropriate to use public or shared Wi-Fi. Headphones add additional security.

Sessions could be disrupted, delayed, or poor transmission quality due to technical failures, and/or telecommunication service availability or outages may occur. You and your clinician will make plans at the onset of your TMH service through Zoom for how you will communicate if you experience technological problems (i.e., rescheduling times, checking in by phone).

You will need to participate in making a plan for mental health crises, and medical emergencies. In addition to having your current phone number where you can be reached, before the start of each session, we will need to know the address of where you are physically located. Furthermore, your therapist will work with you to develop a safety plan, which includes identifying one or two emergency contacts in your area. You will need to provide permission for your provider to communicate with these emergency contacts about your care should an emergency arise.

### **Contra-indicators to Group**

If we believe your presenting concerns are not appropriate for group or for TMH we will provide you with community resources for individual therapy. Participating in a screening appointment does not guarantee group admittance.

You are only eligible for TMH services as long as you are physically located in the state of Washington. State licensure laws prevent your clinician from being able to provide services if you are in another state

at the time of the session. If you anticipate that you will not be physically located in the state of Washington during a planned session, you are responsible for letting your therapist know. Your therapist can provide you with referrals for continued services in your local area.

### **Fees, Cancellations, Withdraw, and Participation**

**Fees:** Each individual group session, as well as the screener session, will cost \$10. Fees will be collected in \$40 increments on the first of every month for that month (4-sessions). Fees for screening sessions will be collected during the screening appointment.

**Cancellations:** Consistent and regular attendance is an integral part of group. Please plan to be present each week, arrive on time, and remain throughout the entire session. **Please make every effort to keep your appointments.** If you need to cancel a scheduled group appointment, please call the WSU Psychology Clinic (509-335-3587) to let your group leader(s) know **24-hours in advance.** Late cancellations will not be refunded.

**Withdraw & Participation:** As a group member, you have the right to withdraw from therapy at any time. You also have the right to refuse participation in any activity in the group. If you are unable to attend group consistently, or disrupt group process or cohesion, you may be asked to discontinue group.

### **Contact Information**

If you need to speak with your group facilitator(s), contact the WSU Psychology Clinic at 509-335-3587 during business hours. You can also leave a non-urgent message on this line if you will be absent from a group meeting. Calling the WSU Psychology Clinic is the best and fastest way to receive a reply. Please do not email the group facilitators directly. We do not consider email a safe, secure means of communication.

### **Client Information (Paperwork)**

When you first meet with a group leader to talk about joining the therapy group, we will ask you to provide personal information either electronically or in hard copy sent to the clinic via mail. The information you provide will be treated confidentially and will assist our therapists in providing you with the best treatment possible.

Regular monitoring of progress will be completed through measures assigned through a secure medical records site, CHADIS. Zoom links for your TMH sessions will be embedded in an email sent to your email address from CHADIS.

### **Evaluation of Services**

Evaluating our services helps us maintain their quality. You may be asked to fill out a short questionnaire regarding your group therapy experience. In addition, you are encouraged to give individual feedback to your group leader(s) at any time.

**Signed Consent**

Understanding the above information is important. Please discuss with your group leader(s) any questions you have about the therapy process, confidentiality, or any other concerns you may have. To indicate your understanding of the information contained in this document, please print and sign your name in the spaces below.

I have been informed of and understand the risks and procedures involved with TMH and group therapy services. I agree to the terms listed above and I hereby voluntarily consent to the use of videoconferencing technology for psychological services with my provider. I agree that the WSU Psychology Clinic should not be held liable in the event that any outside party passes technology security safeguards and accesses personal or confidential information. This consent will last for the duration of the relationship with this clinic; I can withdraw my consent for psychological services at any time, and the WSU Psychology Clinic will work with me to find a suitable alternative.

Printed Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Group Facilitator Signature \_\_\_\_\_ Date \_\_\_\_\_