

## Families First Pediatrics Mental Health (FFPMH) Consent for Group Telehealth

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### 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 for group services may include:

- Comfort in knowing you are not alone, there are others who have similar concerns or sources of stress.
- The opportunity to gain perspectives from your peers.
- Increased motivation to reach goals due to a sense of accountability you will feel towards your group.

### Your Responsibilities as a Group Participant are:

1. You must use a secure (non-public) internet connection to participate in the group.
2. Recordings (video, audio, or screen shots) of group meetings by members are prohibited. You may be subject to legal action if you create or share any recordings of the group meetings. Should the therapist need to record the session for supervision, a written consent will be obtained from 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. 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 therapist(s), group members must agree to maintain the confidentiality of the other group members. This means 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.
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 call (385)202-4464, 24 hours in advance.
6. To inform the therapist if at any time you feel uncomfortable with other group members participating via telehealth, in which case the session will be ended.
7. 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. Information about community crisis resources can be found here: <https://www.ffpeds.com/services/mental-health/>. If comments are made during the group meeting suggesting suicidal thoughts, homicidal thoughts, or abuse or neglect of a child or dependent adult, please be aware that a counselor may follow up with you after the meeting to assess the current level of risk. If we suspect you might be at risk of harm to yourself or others, we reserve the right to communicate with your parents and/or the local crisis response agency that conducts well-being checks.

### Confidentiality

FFPMH is committed to maintaining confidentiality as stated in our Notice of Privacy Policies. Please refer to this document for legal limits to confidentiality. Families First Pediatrics Mental Health (FFPMH) is currently using Zoom for group telehealth services. This system meets HIPAA standards of encryption and privacy protection, but we cannot guarantee privacy. 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.

I certify that I have read, understand and agree to abide by the information, terms, and conditions contained in this informed consent.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Relationship**

Please send completed consent form via email [mentalhealth@ffpeds.com](mailto:mentalhealth@ffpeds.com) or fax (801)254-9755.  
If you have any questions regarding this consent form please contact us at (385)202-4464.