

INFORMED CONSENT FOR GROUP TELEHEALTH SERVICES

PLEASE READ CAREFULLY

In order for an online group to work well, a safe environment must be created and maintained. The first step towards creating a safe environment is for you to understand and agree to the following:

Confidentiality

Information shared in group will be treated confidentially by the group facilitator. Information will not be released without your expressed permission. Exceptions to confidentiality are the same as those for individual therapy and are as follows:

1. Disclosure is required by law when there is reasonable suspicion of abuse of children, elderly persons, or dependent adults; or where the client presents a serious danger of violence to another.
2. Disclosure is permitted by law allowing protective measures to be taken if a client is likely to harm themselves.
3. There is a court order to release mental health records. As notes will not be taken on individual group members, this information would be restricted to attendance.

While the group facilitator has legal and ethical mandates and guidelines to maintain confidentiality, a group member does not. Thus, it is imperative that all group participants commit to keeping identifying details of fellow group members confidential in order for the group to be a safe space for participation and disclosure.

To help maintain confidentiality, group members are welcome to use first names, nicknames or fictitious names in the group room, provided those names are not offensive. All group members must disclose their real names to the group facilitator before being admitted to the group room.

Your group facilitator will use Zoom for Healthcare, a secure web-based platform specifically approved for health care providers, and using a secure internet connection to protect the confidentiality of group members. Group members are responsible for the following:

1. Be in a private setting, alone with the door closed.
2. If possible, wear headphones to better protect the privacy of other group members.
3. Use a secure Wi-Fi/Internet connection rather than public or free Wi-Fi.
4. Should someone enter the room you are in, alert the group immediately, cover your screen and mute your volume. If the disruption is not brief, you may need to exit the group until

you are alone again. If you are unable to return to group, please send a message to the group facilitator to inform them of the reason you were unable to return to group.

5. Recording of sessions is **NOT** permitted.

By joining the group, you are agreeing that you are in an environment where others cannot overhear the group's dialogue or see your screen. If the group facilitator notices that non-members are visible or audible during the session, they will ask you to secure your environment and/or leave the group until privacy can be attained. The group facilitator reserves the right to remove you from the group, if you do not do so yourself.

By joining the group, you agree not to seek out any information about group members (e.g., using a search engine or social media) or contact them outside of group unless mutually agreed.

Due to licensing requirements, group members must be physically located in the Province of Alberta during group sessions.

Benefits and Risks

Group telehealth can have many benefits such as providing a space to share your personal experiences, giving and receiving support/constructive feedback, and experimenting with new interpersonal behaviors. While there are benefits to group telehealth, video platforms pose more risks and challenges than in-person groups, which can impact group member's confidentiality and comfort. Group facilitators' lack of control over group members' environments is an inherent risk of online groups despite attempts to ensure privacy (see Confidentiality section above). If you have concerns about confidentiality, you are encouraged to discuss your concerns with the group facilitator and group members; please voice your concerns before leaving a session so the group can make adjustments. You may choose to leave a particular group session or the group altogether; please communicate your decision to the group facilitator.

Additional challenges to a telehealth format that may create discomfort include technology issues that result in lag time or loss of internet connection and the loss of non-verbal cues and room for misinterpretation by group leaders and group members. Please clarify with group leaders and/or members if you feel misunderstood.

Attendance and Timeliness

Group members are expected to sign on to the video platform 5 to 10 minutes before the start time and stay throughout the entire session. Your early arrival ensures that the group is able to start on time, and provides time to trouble shoot if technical issues arise. If you are unable to attend a session, please contact your group facilitator prior to the meeting.



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Red Deer AB T4N 2T4
Ph: 403-304-6669
connect@campanula.ca
www.campanula.ca

Active Participation/Avoiding Distractions

You are encouraged to freely and openly share your experiences, thoughts and feelings with the group. Please keep in mind the following considerations so you and others can feel your "presence" in group:

1. Connect with both video and audio, unless you make prior arrangements with your group facilitator.
2. Do your best to eliminate distractions and interruptions: silence phone calls, text messages, emails and other notifications; put a "do not disturb" sign on your door, and remove pets from the room if necessary.
3. Look at the screen/camera to show you are attentive; stay focused on group interactions.
4. Use gallery view so you can see the faces of all participants.
5. Suggestions for being fully present in group (if possible): sit at a desk with your device at face level; use a tablet or computer rather than a cell phone; and/or sit with a light source behind your camera so your face is visible.

Contacting Group Facilitator

If you need to contact the group facilitator between group sessions, please email Jane at jane.rowley@campanula.ca.

CONSENT I am 18 years old or older and reside in the Province of Alberta. I have read and understood the information provided above, and agree to abide by the guidelines for participation in group telehealth. I am satisfied that I have had opportunity to have any questions or concerns addressed by Campanula Psychological Services. By submitting this document, I agree to abide by its terms.

IF YOU HAVE ANY QUESTIONS, PLEASE DISCUSS THEM WITH THE GROUP FACILITATOR