Telemental Health Group Agreement Form

Telemental Health (TMH) refers to counseling, group counseling and psychiatric sessions that occur via phone or videoconference using a variety of technologies. TMH is offered to improve access to counseling and psychiatric services to RIC students when significant barriers of travel to campus for mental health services exist, and to promote social distancing during the time of a pandemic. The results of TMH cannot be guaranteed or assured. You are not required to use TMH and have the right to request other service options or withdraw this consent at any time without affecting your right to future care or treatment at RIC Counseling Center (RIC CC).

I understand that protecting the privacy of group members’ information is essential throughout my group work at the Counseling Center. I agree and commit to keeping any information shared by others during group meetings private. I understand that my group leader/s will not disclose any group information except in cases involving safety (e.g., threats to harm oneself or others), child abuse, elder abuse, person with a disability abuse, or under court order. Accordingly, this agreement is aimed to provide group members with as much confidentiality protection as possible. TMH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including: sessions could be disrupted, delayed, or communications distorted due to technical failures; TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another; in rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons.

RIC CC works to reduce these risks by using secure GoToMeeting software and the following policies and procedures:

• You will only engage in sessions when you are physically in Rhode Island, and you will inform your provider right away if this changes.
• You and your provider will engage in sessions only from a private location where you will not be overheard or interrupted, and never while operating a vehicle.
• You will silence or turn off notifications from Apps and devices while in session to the extent possible. • You will use your own computer or device, or one owned by RIC but that is not publicly accessible.
• You will ensure that the computer or device you use has updated and operating anti-virus software.
• You will not record any sessions, nor will RIC CC record your sessions without your written consent.
• You will provide contact information for at least one emergency contact in or near your location whom RIC CC may contact if you are in crisis and your provider is unable to reach you:

Name: ____________________________________________ Phone: _________________

Relationship: ______________________________________________________________
As a group member, you are free to disclose to others that you are a participating group member who attends this group. You may also disclose personal information about yourself that you are discovering through your group participation, as long as it does not reveal information about other group members. Examples of information you may wish to share can include new coping skills you have learned and new insight regarding your areas of concern.

TMH services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with, communications technology; significant communications service disruptions; or need for more intensive services. In these cases, your mental health service provider will help you establish referrals to other appropriate services. Your provider may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or TMH presents barriers to treatment.

By signing this agreement form, I agree that I will not disclose any information about other group members including (and not limited to): names, physical descriptions, and specific interactions with other group members. Additionally, I agree that I will remain sober from any non-prescribed substances (including alcohol and marijuana prior to attending group meetings) and will have all electronic devices silenced for the duration of each group meeting.

If thoughts of suicide, thoughts of harming others, substance abuse, or other serious concerns arise during the course of my group participation, I agree to talk with my mental health provider about these symptoms (if applicable), speak with my group facilitator immediately following group, call campus police (401-456-8201), call 911, and/or my local emergency room to find out their current procedures.

Should there be technical problems with video conferencing, if you are unable to connect, or get disconnected, please try to connect again and if problems continue call RIC CC (401-456-8094) and leave a message. Someone will return your call promptly during our business hours 8:30-4:30. If you need to reach your group facilitator between sessions, you may call the RIC CC. If we believe you are in crisis and we are unable to contact you, we may call your emergency contact or local emergency services providers. E-mail is not a confidential form of communication; therefore, confidential information should not be shared through this format. We cannot guarantee that e-mail messages will be read regularly or within a given time period. E-mail communication will become part of the client’s electronic medical record. We recommend that all clients communicate with us primarily in their scheduled sessions, and by phone to our main number when needed. This is especially important in case of an emergency situation. In some limited circumstances, or to preserve continuity of care, sessions by phone may be arranged. Please be aware that phone communication may not be secure. If you have concerns about phone sessions, please discuss these with your group facilitator.
RIC CC cannot provide 24-hour emergency management. If you are ever experiencing an emergency, including a mental health crisis, you agree to:

- Call the Hope Line: 401-456-HOPE (4673) to speak with a counselor (24 hours/day, 7 days/week)
- Call the National Suicide Prevention Hotline: 800-273-8255 (24 hours/day, 7 days/week)
- Contact the crisis text line: https://www.crisistextline.org/ text HOME to 741741 (24 hours/day, 7 days/week)
- Call 911, or contact the nearest emergency room for their procedures

I have read and understand the above information and all my questions have been answered. I hereby give informed consent to use Telemental Health in my care and consent to group counseling services.

Client’s Name: __________________________ Date: ________________

________________________________________  ________________________
Signature                                      Date