**Telemental Health Grief Support Group Services**

I hereby consent to engaging in grief related telemental health group counseling via Zoom. I understand that telemental health counseling may include the practice of grief support, consultation, and education using interactive audio, video, or data communications.

I understand the following with respect to Telemental health services:

* I understand that there are risks and consequences from distance counseling, including, but not limited to, the possibility, that despite reasonable efforts on the part of my counselor, that: the transmission of confidential information could be disrupted or distorted by technical failures. These risks are offset by the use of Zoom, a HIPPA-compliant service which is encrypted for video telemental health communications. Further, the contents of my counselor’s computer are encrypted.
* In addition, I understand that telemental health services and support may not yield the same results nor be as effective as face to-face service.
* In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means, including telephone or secure email. I understand that nonencrypted email is not secure and should not be used to convey confidential information.
* It is my responsibility to maintain privacy on the client end of communication. This includes not recording telemental health consultations or group sessions.
* I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my counselor, my condition may not improve and in some cases may even get worse. I understand that I may benefit from distance counseling, but that results cannot be guaranteed or assured.
* I acknowledge, however, that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or to another person; I am not to seek a telemental consultation. Instead, I agree to seek care immediately through my own local health care counselor or at the nearest hospital emergency department or by calling 911.

I consent to these Guidelines for Group Participation:

1. If you are going to miss a session, please let the facilitator of the group know. You can call 434.817.6915 or email [teresa.haase@hopva.org](mailto:teresa.haase@hopva.org)
2. Please do your very best to plan your arrival so we can start on time/end on time.
3. Please remember to protect and keep confidential the names, identities, and personal stories of fellow members.
4. Members may choose to share or at times remain silent. This is one way group members learn and model for each other.
5. Please be aware to take an appropriate fraction of the group’s time and attention in order to work actively on the concerns that brought you to the group, and on other concerns that may arise while you are a member. In turn, please respectfully support other members doing the same.
6. Remember to put your feelings into words, rather than projecting them onto group members.
7. Tears are a normal expression of grief. Groups also enjoy times of joy and laughter.
8. Please do respect that you may be in a different place in your grief journey than other members of the group. Individuals respond to loss and change in different ways and at different times.
9. Confrontation is discouraged: this is a support group not a therapy group. All persons make their own decisions about what do to with their own personal experiences in the group.
10. Cross-talk is discouraged – to clarify: this means while someone is sharing you do not offer comments or feedback while they are speaking.
11. Please do not offer advice or feedback unless personally asked. Or after the speaker has ended their conversation you may say, “Would you like any feedback?”

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

Bereavement Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_