

Wellesley College Counseling Service

Telehealth Support Group Consent Form

Dear Student,

The following paragraphs address guidelines for group confidentiality and your agreement to engage in a telehealth support group through the leadership of the Stone Center Counseling Service staff and trainees/interns. Telehealth is different from in person therapy and may involve technical difficulties at times, and without proper technology support on the student side, may pose some potential confidentiality risks, including, but not limited to the accidental and unintentional transmission of medical information. Please ask group leaders about this if you have questions.

If you have previously been a client of the Stone Center, you are familiar with the following section of our Rights and Responsibilities form below. Please read this over and if you have any questions, consult your group leader before the group begins.

1. You have the right to confidentiality. This means that under normal circumstances no one outside the Counseling Services is given any information about your health and/or counseling treatment without your expressed consent. Parents, teachers, and other college staff may not have access to information about your treatment with Counseling Services without your permission.
2. You have the right to withdraw this consent at any time.
3. You have the right to access your mental health information and copies of records upon written request.
4. There are some circumstances in which confidentiality may not be maintained. These circumstances include:
 - a. For any health or safety emergency, such as:
 - i. An acute emergency in which there is an urgent need to get you immediate care.
 - ii. If you are dangerous to yourself or to another person.
 - iii. The therapist and clinicians are mandated reporters and are required by law to notify government agencies when they reasonably believe that a child, dependent adult or an elderly person is a victim of abuse or neglect.
 - b. In the setting of an actual, threatened, or imminent public health emergency.
 - c. In response to a judicial order or a lawfully issued subpoena.
 - d. Any other reason permitted by law.

Group members will be asked to pledge confidentiality to one another at the start of the support group, and to hold in confidence the group membership and all the content shared in group.

I have had the opportunity to discuss this informed consent statement with my group leader if I desired and I understand its meaning and consent to participating in a telehealth support group. I understand that should it be determined that discussions with individuals not directly involved in my treatment would be beneficial to me (i.e. parents, friends, other college personnel) written consent will be requested, unless such disclosures are permitted by law without my written consent.

Student Name: _____
(Please Print)

Student Signature: _____

Date: _____

