**Informed Consent for Online Group and Waiver of Liability**

Jodie Skillicorn, DO is currently using Zoom for group online services. This system meets Health Insurance Portability and Accountability Act (“HIPAA”) standards of encryption and privacy protection, but privacy cannot be guaranteed

1**. Potential Benefits to Online Group 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 to online group services may include comfort in knowing you are not alone and that others have similar concerns or sources of stress, the opportunity to gain perspectives from multiple people, consistent and weekly meetings, and increased motivation to reach your goals due to a sense of accountability one might feel as a group member as well as receiving support from multiple people.

3. **Potential Risks to Online Group Services:** There are potential risks to this technology, including interruptions, unauthorized access or breaches of information, and technical difficulties, which cannot be predicted or fully controlled.

4. **Voluntary Participation and Termination**: Although participation is completely voluntary, greater participation may lead to more effective outcomes. You have the right to withdraw from the group at any time, however, I do ask that you please let me know of any concerns and your reason for withdrawing. Please know, however, that there are no refunds once the course has begun.

5. **Your Responsibilities as a Group Participant:**

a. You must use a secure (non-public) internet connection to participate in the group.

b. Recordings of the group will be sent to you, but for confidentiality reasons, please do not share these recordings with those outside of the group

c. Please try as best you can (I understand this is difficult at this time for many of us, including me!) and connect from a quiet and private room with few interruptions or distractions from people or other devices.

d. Please respect the privacy and confidentiality of other group members. Group members must agree to maintain the confidentiality of other group members. This means that 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. Discussing your own experience of being in the group with non-members is acceptable.

5. This group is not offered as a substitute for clinical mental health care or medical care and is not intended to diagnose, treat, or cure any mental health or medical conditions. You understand that you are fully responsible for your own well being during this course, and, subsequently, your decisions and choices.

 **Release and Waiver**

By signing below I hereby release and discharge Jodie Skillicorn, DO from any and all claims which may arise from any cause whatsoever in connection with my participation in this group service.

**Consent for Group Telehealth Services and Authorization**

By completing and signing this consent form:

1. I confirm that I have read and fully understand the above, I have contacted Jodie Skillicorn, DO with any questions I have and all of my questions have been answered to my satisfaction. I further agree to adhere to the responsibilities contained herein.

2. I authorize Jodie Skillicorn, DO to send Zoom links, updates, and information to the text or email provided in registration form.

**I fully understand, agree to, and accept all provisions of this Informed Consent for this online group.**

**Electronic Signature (Type Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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