

Interactions Therapy Center
939 Galena Square Drive
Galena, Illinois 61036
815-777-2850
Email: itc@interactionstherapycenter.com
Website: www.interactionstherapycenter.com

Group Tele-Counseling Agreement

The purpose of this group counseling agreement is to give clarity and security to all group members. Group counseling is meant to provide a safe and confidential space for you to meet your needs. This agreement is in addition to the more general counseling agreement form provided to you.

This group is for Opioid Recovery

This group is limited to six members and is a closed group, meaning that only members and prospective members can join.

Records of the session should only be kept by the counselor and will be kept on an encrypted and HIPAA compliant server.

By signing this agreement you are stating that you have read and agree to the following:

- To keep all information shared within the group confidential at all times, even when you are no longer a member of the group. This includes taking action to ensure privacy while online with the group or making posts, and securing your electronic devices.
- Although good faith efforts are taken to safeguard your confidentiality, no guarantees can be made in this regard. Any group participant has the ability to save and share your confidential information, even though all participants have agreed to confidentiality.
- Group sessions are not designed for emergency situations. If you are in crisis, have thoughts of harming yourself or others, you are to follow the emergency management plan described on your counseling agreement form. This includes calling 911 or another substance abuse or mental health hotline.
- If at any time you or the counselor do not think that a tele-counseling group format is appropriate for me, either one of us can terminate the group membership. If your membership is terminated, the counselor will give you other counseling recommendations.
- If you need extra support in-between sessions you can call the counselor to make arrangements.
- Due to the lack of audio and visual cues in the use of tele-counseling services, you or others may misinterpret comments made in the group. It is important to state your interpretation, ask for clarification when needed, and try to be clear with your own comments.
- For video counseling you will need a computer equipped with a camera and speakers.
- You will begin and end the session on time and stay for the duration of the group.
- You are not obligated to speak, but are encouraged to do so. Your role is to be a supportive peer and not to try to fix others' problems. You will respect others opinions and not discuss people who are not present.

You may, at any time during the course of your treatment, withdraw your authorization to this agreement. Simply contact your counselor.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies, and you are authorizing me to begin treatment with you in a group format using technology.

Printed Name

Signature

Date