



TELECOUNSELING GROUP GUIDELINES AND AGREEMENT

I will follow the group counseling guidelines outlined below.

- 1. I will follow all group norms as if I attended the group in-person.
2. I will refrain from smoking during telecounseling sessions.
3. I will refrain from eating during telecounseling sessions.
4. I will ensure no outside guests are involved in group therapy while in-session for confidentiality reasons; this includes, but is not limited to family, loved ones and animals.
5. I understand group sessions will begin and end at regularly scheduled times.
6. I understand my Therapist will not allow clients to join 15 minutes after the group time, unless other arrangements have been made and approved.
7. I understand I am expected to provide a urine drug screen in-person at the designated Outpatient site as scheduled with my therapist.
8. I may be expected to complete therapist identified individual session's in-person as required with the level of care that I am currently in (e.g. IOP requires one individual session weekly/OP requires an individual session one time per month.)
9. I understand I will be required to keep my camera on for the entire length of group. If I turn off the video option, then my therapist will assume that I have left the group and will terminate my group session.
10. I will find a private area to attend group where there are no outside influences and/or distractions that may hinder the atmosphere of group therapy.
11. I will keep all background noises to a minimum.

I understand that violations of these standards will be addressed accordingly and the appropriate intervention will be implemented for the safety and confidentiality of all members.

My signature below indicates my consent with this agreement.

Patient

Date

Provider

Date