

AKOMA

♡ HEALING + CONSULTATION ♡

community care

Telehealth Group Agreement

Name:

Date:

Phone Number:

Email Address:

Please review the following agreements:

1. Telehealth Group Therapy is offered through Google Hangouts to the start of group, please ensure that technology is working (ex: computer is charged or connected to the proper charging devices).
2. Check sound and connection on Telehealth devices.
3. If disconnected, use the link sent by the facilitators to rejoin.
4. Ensure a private space to engage in group therapy. Prohibit other members of the household from entering the room and joining in group discussions.
5. Limit how much personal information is in camera view (ex: any information that may let participants know where you live should not be visible).
6. During the group, participants agree to mute their mics. During discussion, facilitators will call on participants who signal that they want to share by giving a thumbs up. Mics should remain muted until given the okay to share.

- I understand and agree to the terms of telehealth group therapy.
- I decline telehealth group therapy. If checked, explain:

Participant Signature:

Date:

Therapist Signature:

Date: