

I hereby consent to engaging in grief-related group support via Microsoft Teams.

I understand that group support may include the practice of grief support and education using interactive audio, video or data communications.

**I understand the following, with respect to Eventide Grief Support Groups:**

- I understand that there are risks and consequences from distance support groups, including—but not limited to—the possibility that, despite reasonable efforts on the part of the group facilitator, that: the transmission of confidential information could be disrupted or distorted by technical failures. These risks are offset by the use of Microsoft Teams, a HIPAA-compliant service which is encrypted for video health communications. Further, the contents of my group facilitator’s computer are encrypted.
- In addition, I understand that virtual support may not yield the same results, nor be as effective, as face-to-face-service.
- In emergencies, in the event of disruption of service or for routine or administrative reasons, it may be necessary to communicate by other means, including telephone or secure email. I understand that non-encrypted email is not secure and should not be used to convey HIPAA-protected information.
- It is my responsibility to maintain privacy on the group member end of communication. This includes not recording Grief Support Group Sessions and not using the chat/typing feature during sessions (unless prompted by the Eventide Bereavement Coordinator leading the session).
- I understand that there are potential limits and benefits associated with any form of support group despite good intentions. I understand that the support group facilitator may suggest the further support of a licensed professional and that I could ask for a referral if the support group does not seem adequate for my needs.
- I acknowledge that if I am facing—or if I think I may be facing—an emergency situation that could result in harm to me or another person, I agree to seek care immediately through my own local health care counselor or at the nearest hospital emergency department or by calling 911.

Signature: \_\_\_\_\_

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