**Psychosocial Rehabilitation & Recovery Center (PRRC) Informed Consent / Participant Agreement**

**1. Confidentiality**

I understand the laws that protect the confidentiality of my medical information also apply to telehealth, including individual and group treatment conducted over video or audio telehealth. I understand that the VA has instituted procedures and policies to protect my privacy and confidentiality. The provider will lock the virtual medical room to ensure no unauthorized person will enter the session or listen. I understand that everything said and done in group is confidential. I agree to protect the group confidentiality, by not revealing the names of other members of the group, nor what is said and done in the group. I understand that if I violate this confidentiality, I will be removed from the group. I understand that there are exceptions to this confidentiality that applies to the providers. The exceptions to confidentiality include, but are not limited to: times when a provider believes that I may be a threat to myself or others; in cases of suspected child, elder, or dependent adult abuse; expressed threats of violence toward an ascertainable victim; and in situations when a provider or my medical records have been subpoenaed in a court of law.

**2. Risks and Consequences**

The VA does not record telehealth sessions, including group telehealth sessions, without prior approval. I understand that I will not audio or video record any portion of the treatment session. I acknowledge that while this session will not be audio or video recorded by the VA, there is a risk that the session *could be* audio or video recorded and disseminated by a group member without knowledge or approval from VA or other group members. The consequence for any member audio or video recording any portion of the treatment session will be the removal from the group for violating confidentiality, as well as referral for prosecution to the full extent of federal and local laws. Applicable local laws may include the location of the provider and all members. There is also the possibility of technology failure. Telehealth sessions could be interrupted or distorted by technical failures.

There are also potential risks of participating in the PRRC, such as sometimes having to talk about difficult experiences in the past or negative thoughts/feelings which can be distressing. The possible cost of this service is another factor which was reviewed with me.

If participating in groups via video conferencing, I agree to turn my camera on for a minimum of 10 minutes at the start of every group. I understand that if I choose to turn my camera off, I may not be getting the most out of my group sessions. I agree to be on time for sessions or will notify my provider(s) if I am unable to attend. If I arrive later than 15 minutes for an appointment my provider has the right to reschedule my appointment. I understand that groups will be locked after 15 minutes, and I may not be able to participate in the group if I arrive later than 15 minutes.

**3. Benefits of Treatment**

Your recovery progress depends on a number of things, including but not limited to, the severity of your problems, other physical or health problems, drug and/or alcohol use, and how well medicine or therapy helps with the problem(s). While no promises can be made about the outcome of treatment or any therapeutic activity provided by the PRRC team, continuing healthy habits, and working together with your treatment team will help increase your chances of success. Through your participation in the PRRC, you may notice the following benefits: feeling better mentally and physically; improving your quality of life; increasing your social support; improving your relationships; and decreased hospitalizations.

**4. Alternatives to Treatment**

Depending on individual circumstances, there may be alternatives to this treatment, including other outpatient and/or inpatient mental health treatment programs.

**5. Privacy**

I understand that I am not required to answer any question, to participate in any activity if I chose not to. If I am asked questions or asked to participate in an activity that makes me feel uncomfortable, I understand that I have the right to decline, and I agree not to pressure any other group member to participate if they are uncomfortable. If I choose to participate in treatment via telehealth, I agree to arrange for a quiet, private environment from which to participate. I will ensure I am alone in the room (no family or friends) when participating in telehealth sessions to respect the confidentiality of myself and other group members.

**6. Dignity**

I agree that I will be tolerant, respectful, and supportive of my peers. I will avoid language that stereotypes or is derogatory to others and will provide only helpful feedback. I will be considerate of others who are talking, will give others a chance to talk, and will not engage in side conversations. I will not pressure peers to talk or participate during groups if they choose not to.

**7. Behavior**

If I choose to participate in telehealth services, I agree to dress appropriately, ensure my device is fully charged and be in a private area with minimal distractions. I will participate in PRRC services, including telehealth services, while sitting up, unless otherwise agreed upon with my provider. I will make sure televisions/radios/cellphones other electronics are turned off so they are not a distraction or causing unnecessary background noise during the session. I agree to not engage in other activities during sessions (e.g., driving, cooking, cleaning, caring for children or pets, etc.). I will put my device at eye level and on a solid surface instead of holding it whenever possible. I will refrain from engaging in “side conversations” via the chat feature during groups. The chat feature is reserved for group related dialogue only. I will refrain from eating, smoking or using tobacco products during sessions. I will refrain from participating in PRRC services while under the influence of alcohol or illegal substances. I understand that if the provider believes that I am under the influence of alcohol or other drugs, I may be asked to leave the group and/or sessions will be terminated early.

Safety is of the utmost importance. Violence or intimidation toward others is not tolerated. I agree that if I have something to say to another group member, I will say it to the member directly and in a respectful way. I will not call via telephone or video conferencing when I am driving or in a public area. I agree to verify my current location when participating in services via telehealth. I will lockup all weapons (e.g., guns, knives, etc.) and remove them from the room where I will be participating in services via telehealth. I understand that weapons and firearms are not permitted on VA property.

**8. Crisis Situations**

I agree that certain situations are inappropriate for telehealth groups. If I am in crisis or in an emergency, I will not enter the group. Instead I should immediately call 911 or go to the nearest hospital or crisis facility as appropriate. By agreeing to this document I understand that emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and are not safe. If I am feeling suicidal, I can call my provider(s), 911, or the Veterans Crisis Line at 1-800-273-8255 and press “1” for Veterans.

**9. Withdrawal of Consent**

Participation in PRRC services is voluntary, and I have the right to withdraw my consent for services at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I am otherwise entitled. If I determine that I would like to withdraw consent, I will notify a member of the PRRC treatment team and request that my decision be documented in my medical record.

\*In developing this consent form it was necessary to use several technical words; please ask for an explanation of any that you do not understand.

**Participant or Surrogate:**

By signing below, I attest to the following:

I have received a copy of the PRRC Informed Consent and PRRC handbook which includes the following listed documents. Their content was reviewed with me, and I had the opportunity to ask questions to ensure I understand the content. I agree to abide by the PRRC policies, procedures, guidelines and expectations as described. I understand the information contained in these documents, and I choose to participate. I understand the provider will note in my medical record that I have received and acknowledged these documents.

* PRRC Handbook
* PRRC Services
* Potential Risks and Benefits of Participation
* Alternatives to Treatment
* Grievance Procedures
* Participant/Patient Rights & Responsibilities
* Specific Telehealth Responsibilities
* Confidentiality
* Medication Use Guidelines
* No-Show Policy
* PRRC Informed Consent/Participant Agreement

Participant’s Printed Name Last 4 of SSN Date

Participant’s/Surrogate’s Signed Name Date

Staff’s Signed Name Date