UNIVERSITY HEALTH SERVICES UNIVERSITY OF WISCONSIN-MADISON

333 East Campus Mall Madison, WI 53715-1381 http://www.uhs.wisc.edu

MR#:			
Name:			
Birthdate:			
Note: Your UHS MR# is your Student ID / Wiscard ID			

Informed Participation Agreement for In Person and Online Group Services

People who participate in group therapy can benefit from sharing personal experiences, learning new skills, giving, and receiving supportive and constructive feedback, and/or experimenting with new interpersonal behaviors. To make this possible, all participants agree to the following guidelines:

I. Confidentiality

Members may not discuss the identity or identifying information or share the reactions of any member of this group with anyone outside of the group. If you are engaged in mental health services with a provider in the community, we may ask for a release of information so that we may coordinate your care (e.g., discuss appropriateness of group as a treatment option). As explained in detail in the Notice of Privacy Practices, the group facilitator(s) may disclose information shared in group when permitted or required by law (e.g., information related to an imminent threat to the health or safety of a patient or a member of the public).

If the group will be meeting online, the Zoom link to access the session must not be shared with anyone else. UHS – Mental Health Services uses secure Zoom software and has taken measures to ensure privacy and confidentiality. However, the same level of privacy and confidentiality cannot be guaranteed for online services as for in-person group therapy services. By participating in online therapy, you agree to assume those risks.

If I participate in an outdoor group session, I understand that my session will be less private than a traditional group session within a secure, indoor location or via Zoom, and I agree to assume those risks. Specifically,

- a) I understand that both the counselor and group will be visible to the public, and that being seen may lead to assumptions that I am connected to UHS Mental Health Services.
- b) I understand that there is a possibility that I may be photographed or recorded by third parties with my counselor or the group with or without my knowledge or consent and that neither I, the group, nor my counselor will have any control over the use or dissemination of those photos/videos.

II. Attendance

Members are expected to make a commitment to attend for the agreed time frame of the group. Members are also expected to arrive on time and stay for the entire session. If you are running late or have an emergency/illness that prohibits you from participating in group, we ask that you send a secure message to the facilitator(s) through the MyUHS portal. If you know ahead of time that you will miss a group session, we ask that you share the date of your absence with the group beforehand. Group will end on time, no matter what is being discussed. Weekly attendance will allow everyone to continue the discussion that may feel unfinished at the end of a session and promotes feelings of safety and trust.

Please note, it is normal to feel anxious about participating in groups and seeing the results can take time. In the event you decide not to continue and have explored your concerns with the facilitator(s) and other members, we invite and encourage you to come back to the group to say goodbye. Though perhaps hard to imagine, members come to care about one another and will feel unresolved if you leave without explanation.

III. Participation

Group members are expected to actively participate, which includes listening to and supporting others, as well as sharing their own experiences, challenges, and/or successes. Group is an opportunity to learn new skills and/or receive feedback in a supportive setting. Everyone is ultimately responsible for deciding how to practice the acquired skills and/or use the feedback that is provided to them. If there is "homework" to be completed between meetings, it is expected that you will take the time to be thoughtful and complete the task. All members take responsibility for their own process of change.

When participating in an online group, members must be physically located in the state of Wisconsin during their participation.

IV. Personal Conduct and Online Etiquette

Group members are asked to not attend group if intoxicated. Members are expected to refrain from using substances (e.g., nicotine/tobacco, cannabis, alcohol) during their group participation. If facilitator(s) observe members attending group intoxicated or using substances during group, they may be asked to leave that week's meeting. If this occurs, facilitator(s) may ask members to meet individually to discuss this behavior prior to the next group meeting. Disruptive behavior, including substance use, can damage trust and safety in group and, therefore, negatively affect members' experiences and treatment outcomes.

When participating in group services using Zoom, it is required that you:

- a) Use a desktop or laptop computer that is not publicly accessible, that has an updated operating system, and anti-virus software. Smartphones are often too small to see all participants at once; however, if this is your only option for connection, please discuss this with your group facilitator(s).
- b) Connect with both audio and video, selecting Gallery View to see all participants at the same time.
- c) Engage in sessions from a private location where you and the other participants will not be overheard or interrupted.
- d) If located in an environment that you share with other people, please position your screen facing away from any doors or windows to help protect the privacy of other participants and use earphones to help protect the privacy of other participants.
- e) Ensure your environment is free from distractions (e.g., pets, music).
- f) Refrain from engaging in other activities (e.g., texting, social media, web browsing) during the group session.
- g) Do not record or take screenshots during sessions.

V. Relationships with other Members

For Support/Theme and Psychoeducational Groups: You may develop supportive connections with group members outside of the group. If this occurs, it remains important that you do not discuss the group or other members during these times. If you have any concerns about the group or other members, please bring these back to the group to be discussed. Every group member has the right to decline contact with one another outside of the group. If you have difficulty or concerns managing any of these boundaries, please ask the group facilitator(s) for support. If you do have contact with someone outside of group (e.g., see someone on campus), we ask that you share that contact with the rest of the group at the next meeting.

For Interpersonal Process Groups: Participation in this type of group is an opportunity to have therapeutic relationships in which you learn more about yourself and the ways in which you relate to others. Group is not a place to make social friends. We say this because, if you use group in the latter way, you may not experience the intended benefits. You may have strong feelings toward some members of the group, as you do with people in your life. However, group should remain a safe environment where you can explore those feelings and the way you act on them. If you do have contact with someone outside of group (e.g., see someone on campus), we ask that you share that contact with the rest of the group at the next meeting.

VI. Completing Surveys for Group

Members are requested to complete surveys before the first and the last group meetings of the semester. It is important that you check in **10 minutes early** to complete surveys before these groups to allow the group facilitator(s) to review the surveys before the group begins. The purpose of the surveys is to assist the group facilitator(s) in assessing your progress toward your treatment goals.

VII. Recording

To ensure the provision of the highest quality mental health services, MHS staff routinely video record group counseling sessions for training purposes. Recording is handled in full accordance with the strictest professional ethics and in accordance with the law (e.g., maintenance in a secure location and deletion after the purposes specified have been met). Only MHS providers involved with your care for the following purposes will have access to these recordings: 1) review of ongoing treatment; 2) supervision of therapeutic care; and 3) consultation.

VII. Safety

If you experience risk of harm to self or others at any time during your group participation, it is your responsibility to do one or more of the following (1) share how you feel with the group to receive support; (2) contact your individual or group counselors; (3) call the 24/7 UHS crisis line at 608-265-5600, option 9; (4) go to the nearest emergency room or call 911; (5) or call 988, the Suicide and Crisis Lifeline.

Patient Name (Pri	nt)		
Patient Signature			Signature Date
Legal Guardian N	ame (Print)		
Legal Guardian Signature (electronic signature not accepted)		Signature Date	
Legal Authority:	Legal Guardian	Parent of Minor	
	Other:		