

EP-10.1b Virtual Group Visit Consent Form

Virtual group visits are new to us because of COVID-19 pandemic emergency orders. Before we proceed with a virtual group visit, I need to explain a few things:

$\hfill\square$ We use video and/or audio technology so we can see and/or hear each other.
☐ We recommend you be in a quiet place for your virtual group visit so that others cannot overhear the session. Please also be mindful of the privacy of other group members – ensure that others in your home cannot see or overhear group members. If you have any concerns regarding your privacy, please feel free to turn your camera off.
\Box You may talk about details of what is happening in your life and your health – this information may be very personal and sensitive. The details you share in the virtual group will be heard by all participants. Just like in an in-person group visit, what is said in the group visit, stays in the group visit and is not to be repeated outside this setting.
\square Details of your virtual group visit will be recorded in the electronic health record just like in an in-person group visit.
$\hfill\square$ We will not make a recording of the virtual group visit. We ask that you do not record the visit either.
□ Virtual visits are not appropriate for emergencies – please call 911 instead. If you experience an emergency during a group visit, please call 911 (or ask the facilitator to do so). The facilitator will need to have your full name, address and phone number.
$\hfill\Box$ Time for your virtual group visit may be limited based on the availability of our staff during the pandemic.
\square This service may not be available after the pandemic – we may need to end it at any time.
\square We have taken appropriate steps to preserve your privacy during the COVID-19 pandemic.
$\hfill\square$ We cannot provide you with the same guarantee of security and confidentiality as if you were seen in person.
☐ Our staff who are doing the virtual group visit may be working from home because of pandemic physical distancing rules. They will also try to find a quiet place away from others in their household.
\Box It is possible there could be a problem with the technology and the group session could be cut short or interrupted.
\Box The quality of the video or audio may not be good enough for a health care provider to assist you virtually or could negatively impact the quality of the care you receive.
$\hfill\square$ A copy of the Virtual Group Visit Consent is available on our website or I could email it to you.
☐ Do you have any questions?
$\hfill\square$ Would you like to proceed with the virtual group visit based on this information?



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Participant's Name:
Informed Consent: ☐ Yes ☐ No
Date and Time: