

Family Recovery Journey: Agreement for Family Recovery Video Meetings

I confirm that the Family Recovery Journey psychoeducation group facilitator _____ has offered me multi-family group psychoeducation meetings via video conferencing and I have agreed to this. I confirm that the facilitator has clearly explained the benefits and risks of using these technologies to me to the extent of the facilitators' understanding.

Risks and Benefits:

I understand that in addition to the risks and benefits of group psychoeducation in general, doing psychoeducation remotely has the potential benefits of easier access to care and meeting in a location of my choosing. The potential risks include interruptions, technical problems and the potential for unauthorized access.

The facilitator has explained to me that s/he has taken reasonable care to ensure the technology used is safe, appropriate and reasonably secure. I understand that landlines are thought to be the most secure telephone option with cordless and mobile phones offering less security.

I understand that the facilitator will turn off recording capability in the video program so that no group members should be able to record the meetings.

I understand that if the video conferencing technology is not working properly, the facilitator or any group member can suggest ending the session earlier than usual and rescheduling to complete the session at another date. The facilitator is not responsible for troubleshooting technological problems during the course of the remote session.

As this agreement entails continuing group meetings though not in an office, I agree that I will ensure that I am in a location that is as confidential as being in an office, to prevent being overheard. To minimize disruption, I will turn off text message and all mobile phone and/or computer notifications while meeting.

If I am usually in my home or office for the meeting but have relocated for a particular appointment, I will tell the facilitator where I am at the beginning of the sessions.

I may revoke the agreement to use phone or video conferencing technology for my sessions with my facilitator at any time.

To be signed and faxed to the facilitator at the number provided in the accompanying email or scan and email to facilitator.

Facilitator

Name

Date

Client

Name

Date