



# Alpine Springs Counseling, PC

[www.alpinespringscounseling.com](http://www.alpinespringscounseling.com)

(970) 945-7858

## Temporary Video Conference Guidelines & Disclosure Clients

03/29/20

We moved to the Zoom platform to allow you to video feed group from your Smart Phone or computer. You must continue to have the ability to use a **confidential setting** where the conversation can be kept private, this is imperative. Ideally, this location would also be pet-free, but it must be human-free for the entire duration of the group session. Any violation of this is a violation of confidentiality & strictly prohibited.

1. You need to have a **computer or a Smartphone with a working camera** and appropriate Wi-Fi speed. The counselor must have a live video feed of you at all times during the session.
2. To access your counselor's Zoom link go to [www.alpinespringscounseling.com/contact-us.html](http://www.alpinespringscounseling.com/contact-us.html) and click on the Zoom link under your counselor's name at your group time
3. You will need to **email a progress note** to your counselor at the end of each group.
  - a. Counselor emails are listed on our website ([firstname@alpinespringscounseling.com](mailto:firstname@alpinespringscounseling.com))
  - b. Subject line of the email must be: "Town Name, Day of Week, Type of Group, Time"
    - i. ex: "Idaho Springs, Monday, DUI ED 500p"
  - c. Your legal name should start and end your email to aid with filing and informing the court
    - i. Your name cannot be in the subject line, per HIPAA
    - ii. It must be your full legal name to receive credit for the court system If you do not include your name, you will not get credit
  - d. Answer "What did I learn today," "How will I apply it," and other questions by your counselor
4. Payments are accepted on line & due at time of treatment. Vouchers must be discussed with your probation officer. [www.alpinespringscounseling.com/payment.html](http://www.alpinespringscounseling.com/payment.html)

### Attendance & Additional Agreements:

1. I understand that video conferencing as a means to complete my probation requirements is a privilege and I agree to have a confidential and comfortable place, even a bathroom, where others cannot hear or see me or the group meeting and I can remain stationary
2. I understand I am responsible for the computer/phone with camera and the proper Wi-Fi required for video group. I am also responsible for emailing a Progress Note as required for each group session to my counselor before I will receive credit for my group
3. I agree to be on-time, have consistent weekly attendance, and that I will remain visible to the instructor throughout the full length of the video group session. I understand that if I arrive late, I may not be allowed in and failure to attend regularly will result in discharge from treatment
4. I understand it is my responsibility to participate in group sessions and I agree to participate sober and not under the influence of controlled substances
5. I understand I will be muted but ready to un-mute and participate with the group at any time

**Confidentiality Agreement:** You have the right to confidentiality and privacy by the group leaders and other group members. Confidentiality within the group setting is a shared responsibility of all members and leaders. While group leaders may not discuss any client communications or information except as provided law, group members' communications are not protected and, as such, confidentiality within the group setting is often based on mutual trust and respect. Participants are required to honor a code of confidentiality, however privacy is not guaranteed. As a member of this group, **I agree not to disclose to anyone outside the group any information that may help to identify another group member.** This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members. Confidentiality will remain a priority, clients are expected to maintain the same level of confidentiality at home as they would in the group room

Client Name (Please Print) \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_