Description of Services

This informed consent for virtual groups contains important information pertaining to joining an online bereavement support group via the phone or internet. Groups are held on the Zoom video conferencing platform. It is preferred that participants join on camera to create more personal connections with other group members. Groups typically last an hour and a half. Groups begin and end on time. Group members are expected to participate for the duration of the group. The Satori Group virtual groups are not designed to offer advice, therapy, or counseling. They are sharing and support groups only. Our groups are not drop in. You must pre-register. Please read this carefully and let us know if you have any questions. Once you sign this document, it represents an agreement between you and The Satori Group.

Acknowledgements and Agreements

I _______________________________ , hereby consent to participate in an online bereavement support group provided by The Satori Group. I acknowledge and understand the following:

1. That the purpose of these groups is to offer bereavement support to individuals who are grieving the death of a family member.
2. That this group is being provided via Zoom video conferencing. Although we have group guidelines in place to create a safe and supportive virtual environment, due to the nature of this technology, we cannot guarantee your privacy as a participant in virtual groups. It is important to be in a private area where others cannot see or hear the group and where you will not be interrupted.
3. That the following ground rules are important to create a safe and supportive environment for the virtual group.
   a. Practice confidentiality.
   b. Show respect to others.
   c. Share from your own perspective.
   d. Allow others time to share.
   e. You have the option to pass if you do not feel like talking during the support group.
4. While confidentiality is an important part of virtual support groups, there are limits to what we are able to keep confidential. Statements about self-harm or harm to others will require us to break confidentiality to seek appropriate help. This may include telephoning your emergency contact people, medical personnel, or law enforcement for support. Your personal safety and health are a top priority that takes precedence over confidentiality.
5. That I will not invite family members or friends who are not group members to participate in the group.
6. That I will be removed from a group if A) I allow others who are not participants in the group to hear the conversation or see the video screen; B) I record the group or break confidentiality in any other way.

Consent to Participation

By signing below and by participating in the virtual support groups, I am acknowledging and agreeing to the terms and conditions set herein.

________________________________________  ____________________________  ____________
Print Name                                      Signature                                      Date