

Colleen Russell, LMFT, CGP
Licensed Marriage and Family Therapist (MFC29249)
Certified Group Psychotherapist
1036 Sir Francis Drake Blvd, Suite 204, Kentfield, CA 94904
crussellmft@earthlink.net; www.colleenrussellmft.com
415-785-3513

Telecommunication Informed Consent for the Educational/Interactive Workshop for Former Members of High Demand Groups Including Families and Partners of Someone Currently or Previously Involved

I _____ hereby consent to engage in an educational interactive workshop via Zoom with Colleen Russell, LMFT, acting as workshop facilitator. I understand that the workshop is *not* considered telehealth or psychotherapy and that every participant has been screened by Colleen Russell prior to joining.

I understand that Colleen Russell is offering this workshop to a specific population of those who have been affected by high demand groups. Although Colleen Russell is a psychotherapist, licensed in CA, she is providing this workshop outside the psychotherapist-client relationship. To differentiate this educational workshop from telemedicine, the following definition applies:

- “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

“Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

I agree to the following while engaged in this workshop using telecommunication (Zoom) and expect the same from others so mentioned:

- (1) Confidentiality from Colleen Russell except in cases in which she is mandated to report child, elder, or dependent elder abuse, a person who is at serious risk of hurting himself or someone else specifically.
- (2) To keep confidential and limited to the workshop only, all participants’ identity and any identifiable information.
- (3) To be involved in the workshop from a private space at all times with no unauthorized person(s) within hearing or seeing the workshop. I understand that this privacy agreement cannot be guaranteed by Colleen Russell.

