



**Manhattan Multicultural Counseling, Inc.** [www.mmcnyc.com](http://www.mmcnyc.com)

346 East 65<sup>th</sup> Street, New York, NY 10065

*Mahroo Moshari, LCSW, Private Practice*

**646-420-6633**

[mahroomoshari@gmail.com](mailto:mahroomoshari@gmail.com)

## **CONSENT TO TELEHEALTH GROUP THERAPY - POLICIES & PROCEDURES**

Welcome to Manhattan Multicultural Counseling (MMC) Online Group Therapy. Thank you for your interest in working with me, Mahroo Moshari. I am a licensed clinical social worker (LCSW), licensed by the New York State Education Department Office of the Professions.

We live in a diverse interconnected world. Culture and diversity influence many aspects of our mental health; symptoms communicate the need for care and can contribute to mental illness if not addressed. Mental disorders occur across all cultures and at all stages of life. If not treated, risk factors increase and may lead to other health problems.

The goal of MMC group therapy is for members to communicate effectively in supporting each other to improve mental wellbeing and create a harmonious atmosphere.

I am providing a safe and confidential space for members to meet their needs. The group format can be open ended or closed sessions for 90 minutes by your choice. The group leader will set guidelines for the time each person can talk so as to allow for everyone to participate.

Group therapy has been known to be more effective in solving our daily problems versus individual therapy. During the group therapy process, members are encouraged to build trust with each other collectively, by freely and openly discussing their concerns, as well as experiences, feelings and reactions with the group.

Members will also learn a variety of tools, such as: positive thinking, people skills, problem solving skills, effective negotiation/communication, stress management, developing forgiveness, self-esteem, etc.

In addition, group therapy can also bring up unpleasant feelings for some members, such as: reactions (misinterpretations and/or misunderstandings) to other group members or group facilitator can cause frustration, anger, etc. These feelings are normal and should be discussed and processed in the group setting or with your facilitator.

This document is intended to inform you of what you can expect and what is expected of you during the course of your group attendance. The following material will provide basic information about my practice's policies and procedures and should be retained for future reference. Please read the following six (6) pages and initial on each page. Please sign the last page and send it back to me via e-mail to [Mahroomoshari@gmail.com](mailto:Mahroomoshari@gmail.com).

Please feel free to contact me with any questions and/or concerns at my e-mail or my phone. I look forward to working with you!



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**Client Information**

First Name	Last Name:	D.O.B.
(Optional) Gender	Ethnicity	Religion
Marital Status	# of children	Occupation
Home Address	City and State	Zip Code
Email	Cellphone	Home Phone
<b>EMERGENCY CONTACTS</b>		
Name	Relationship	
Address	City and State	Zip Code
Home phone	Cell phone	
Reason for attending the group:		
Topic of interest(s):		

**Initial Consultation For Group Attendance**

I offer a free initial 15-minute telehealth session via Zoom for us to discuss if the group meets your needs. I will provide you with feedback and recommendations. During this time, you will have a chance to ask me questions so that by the end of our session we will decide if attending the group (open ended or close ended) is the right fit for you.



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### **COMMUNICATION**

#### **Contacting the Office**

You can reach out to me by phone, text, or email. If I am unavailable when you call, feel free to leave a message on my confidential voicemail. I will respond to messages within 24 hours. This practice has no emergency coverage outside of regular office hours. The following resources can be helpful in the event that you feel a need for supportive contact when the group facilitator is unavailable.

EMERGENCY RESOURCES			
NYC WELL	888-692-9355	The Trevor Lifeline (LGBTQ)	866-488-7386
National Parent Helpline	855-427-2736	TeenLine	800-852-8336 (TLC-TEEN)
National Suicide Hotline	800-273-8255	SAMHSA (Substance Abuse)	800-662-4357

Clients must agree and be prepared to call 911 or go to the nearest emergency room when there is a risk of harm to themselves or others.

### **TERMINATION AND SCOPE OF SERVICE**

The group facilitator reserves the right to remove you from the session if you do not maintain a secure environment, for example, if other people can be seen entering the room or overheard talking during the session. If this happens, please leave the group until you can maintain privacy.

- The client also has the right to terminate group therapy at any time.

### **FEES AND PAYMENT INFORMATION**

You are responsible for full payment of fees via PayPal only at the time of service.



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## **CONFIDENTIALITY**

### **Privacy and Use of Electronic Media**

Although teletherapy falls under the laws, rules, and regulations governing licensed practice in the State of New York, there are still risks involved in communicating electronically. I will do my best to make group therapy secure and accessible via Zoom. If you have concerns about confidentiality, you are encouraged to discuss your concerns with the group facilitator and group members; please voice your concerns before leaving a session so the group can adjust.

Effective communication via the use of a video platform presents a set of unique challenges. This form provides guidelines for maintaining confidentiality and creating a safe and secure environment for the group to work well. Please read, understand and agree to the following guidelines:

### **Confidentiality – Group Leader**

MMC will take every effort to protect your privacy and will use a HIPAA-compliant platform from a secure internet connection to protect the confidentiality of group members.

Information shared in group will be treated by the group leader with the same type of confidentiality as individual therapy information.

You will be asked to respect the privacy of other members' identity by not disclosing any content discussed in session outside the group, even when you are no longer a member of the group. This includes social media to ensure privacy for all participants. We understand that the use of the Internet, online reviews, and social media impact virtually all aspects of our lives. **Please DO NOT post any information about your group therapy online.**

### **Responsibility “DO’S” for Group Participation**

Participants will keep the identity of fellow group members confidential. Anything said between any two or more group members is confidential and should **NOT** be disclosed.

We suggest you sign on to the video platform five to ten minutes before the start time. It sometimes takes a few minutes for all the members to connect. Your early arrival ensures that the group is able to start on time and provides time to troubleshoot if technical issues arise. Meetings are generally once a week. Please inform the group as well as group leader if you will be absent. Arrive on time and stay for the entire session; notify the group in advance if you will be arriving late or leaving early.



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## **CONFIDENTIALITY - CONTINUED**

If possible, sit at a desk with your device at face level. The other participants can see your face better if the light source is behind the camera, so position the computer accordingly. We highly recommend that you use a tablet or computer rather than a cell phone. Look at the screen/camera to show you are attentive and stay focused on group interactions.

- Be in a private setting, and the camera must be on while group is in session.
- Use a secure Wi-Fi/Internet connection rather than public or free Wi-Fi.
- If possible, be in a room with the door closed. If you cannot be in a closed space, use headphones.
- If someone enters the room, mute the microphone. You may need to exit the group until the disruption is over. If you are unable to return to group, please send a secure message to the group facilitator to inform them of the reason.

### **Responsibility “DON'TS” for Group Participation**

- Recording and screenshots are NEVER permissible.
- Avoid answering phone calls, texting or emailing during group. Anticipate and eliminate interruptions from pets or other family members.
- **Please DO NOT post any information about your group therapy online.**

## **The Healthcare Insurance Portability and Accountability Act (HIPAA)**

I, \_\_\_\_\_, hereby give my consent for attending group therapy, which will include Telehealth, to be rendered by Mahroo Moshari, LCSW.

Protected health information (PHI) is safeguarded under HIPAA and will be confidential except as is necessary to provide services or to ensure that all administrative matters related to patient care are handled appropriately. The document entitled Notice of Confidentiality and Privacy Practices describes the types of uses and disclosures of my PHI that will occur during my attending group therapy.



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## **TELEMENTAL HEALTH INFORMED CONSENT**

I, \_\_\_\_\_, hereby consent to participate in telehealth group therapy with Mahroo Moshari, LCSW. I understand that telemental health is the practice of delivering clinical health care services via technology-assisted media or other electronic means between a practitioner and a client in different locations. I understand the following with respect to telemental health:

1. I understand that I have the right to withdraw consent at any time.
2. I understand that there are risks, benefits, and consequences associated with telemental health, including, but not limited to,
  - a. disruption of transmission by technology failures;
  - b. interruption and/or breaches of confidentiality by unauthorized persons;
  - c. limited ability to respond to emergencies.
3. I understand that there will be no recording of any of the online sessions.
4. I understand that Zoom may not provide a 100% secure, HIPAA-compliant platform.
5. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
6. I understand that during a telemental health session, we may encounter technical difficulties resulting in service interruptions. If this occurs, we may have to end and restart the session.

**I acknowledge that I have read and understood the preceding six (6) pages:**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician's Signature

\_\_\_\_\_  
Date

Client's Initials