



PAGE Virtual Support Group Consent Form

Group membership. The PAGE virtual support group is available only to Pediatric and Adolescent Gender Education (PAGE) Program participants who are ages 13 to 19. This is an open group, meaning each group session is open to whoever can attend based on their availability. (Participants may change from session to session.) There is no cost associated with the group. A licensed mental health professional will facilitate the group. All topics and discussions will be decided and led by the participants.

Confidentiality. Participation is confidential. Neither the identity of the participants nor the content shared in the sessions will be disclosed beyond the group. While the information disclosed during the group is confidential, there are both mandatory and permissive exceptions to confidentiality, including child, elder and dependent adult abuse; threats of harm to self or others; or if court ordered. Only information that is deemed a safety risk upon assessment by a licensed mental health professional will be revealed directly to the parent/adult guardian or authorities as needed.

Technology. The sessions are conducted using Zoom Cloud Meeting technology. There are risks and consequences from virtual and therapeutic platforms, including, but not limited to, the possibility, despite reasonable efforts on the part of the provider, that the transmission of information could be disrupted or distorted by technical failures. Any form of audio or video recording or taking of photographs is prohibited, and any violation will result in the participant's removal from the group.

Limitations. This support group does not provide emergency mental health services. If you are experiencing an emergency, go to the nearest emergency department or call the free National Suicide Prevention Lifeline at **(800) 273-TALK (8255)**, available 24 hours a day. A Crisis Text Line also is available by texting **HOME** to **741741**.

Noncompliance with these guidelines may result in removal from the group and disqualification from future participation in support groups.

Guardian consent to participation

By signing below, I, parent/legal guardian of _____ (name/legal name/DOB), am acknowledging and agreeing to the terms and conditions set herein.

Printed name	Signature	Date
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Participant consent and agreement

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

Printed name	Signature	Date
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Tips for a successful meeting

- Join meeting from a private location free from distractions and away from others who are not part of the group.
- Use headphones if you have them to offer added privacy for the other participants.
- Mute yourself when you are not speaking.
- Use Gallery View to see the whole group. Use Speaker View to see the person actively speaking.
- Show respect for others and ask for permission before giving feedback.