Family Member Acknowledgment for Participation in Video Conferencing

Participant Name: ____________________________________________________________

Patient Name (to whom participant is related): __________________________________

Relationship to Patient: _____________________________________________________

As part of your family member’s treatment at the Austen Riggs Center (“Riggs”), you may be asked to participate through the use of video conferencing if you cannot be present in person at Riggs. Because Riggs takes patient privacy and confidentiality very seriously, we ask that you read and sign this acknowledgement that you agree to and understand the expectations and risks associated with the use of video conferencing technology.

1. **Video Conferencing.** A video conference is a meeting that is held among participants in remote locations by means of transmitted audio and video signals. With patient authorization, Riggs utilizes video conferencing, as clinically appropriate, to conduct family meetings among patients, their clinicians, and their family member(s); for liaison contact between the social worker and family member(s); for information gathering during the assessment period by the therapist and social worker; and for other authorized contact.

2. **Technology Used.** Riggs utilizes Zoom Video Communications, Inc. (“Zoom”), a web conferencing provider. The use of Zoom for family members requires an internet connected device (i.e. smartphone, tablet, laptop, or desktop computer) with associated video camera feature. If available, the Zoom app may be downloaded thorough a device’s app store. No registration or sign-up is necessary. Riggs will host all video conferences and provide family members with conference details.

3. **Benefits.** Involvement of a patient’s family can be an important part of patient care at Riggs. However, family members of patients are often located across the country and it can be difficult for all participants to be available in person for meetings. Video conferencing provides an alternative means of participation for family members who are unable to travel to Riggs and attend such meetings in-person.

4. **Risks.** There are certain risks associated with video conferencing, including:
   a. You understand that video conferencing will occur from remote locations on technological devices and in places where neither you nor Riggs can guarantee security and privacy.
   b. The Internet is not secure. Despite efforts by Zoom to encrypt video conferences, there is always a risk of a security breach when using the Internet. While Zoom represents that it takes certain precautions to encrypt the conference and to guard against any recordings of the conference, Riggs cannot represent that the video conference will be secure and private.
Family Member Acknowledgment for Participation in Video Conferencing, cont.

5. **Guidelines for Use.** The following guidelines for use will help reduce the risk of a breach of confidentiality:
   a. Video conference participants should find a private setting where third parties cannot overhear the video conference or otherwise obtain confidential information discussed during the video conference.
   b. Participants should use a private device to participate in the video conference, avoiding the use of a public computer or other type of public device.
   c. Participants are asked not to record or otherwise create a copy of any part of the video conference, including any visual or audio recordings.
   d. If connection is interrupted or terminated at any point during the video conference, please contact the clinician or the associated non-clinical staff to resolve the connection issue.
   e. Participants should log out of Zoom immediately after the video conference has concluded.

By signing below, you acknowledge that you have reviewed the above information concerning video conferencing and you agree to the Guidelines for Use outlined above. A photocopy of this signed acknowledgment may be accepted with the same authority as the original.

__________________________________________________  ______________________
Signature of Participant                                      Date

Please **mail or fax** the completed form to:

**Mail to:**
Austen Riggs Center  
Attn: Jessi Meagher  
25 Main Street  
Stockbridge, MA 01262

**Fax to:**
413.298.5192  
Attn: Jessi Meagher

**Important note:** completed forms contain protected health information (PHI); **do not** send them via email.