

Coping with COVID-19: **A Skills Based Workshop for Adolescents**

Consent Form

Welcome to the Child Program at the Boston University Center for Anxiety and Related Disorders (CARD). This statement provides important information about your child's participation in **Coping with COVID-19: A Skills Based Workshop for Adolescents** and your rights and responsibilities as workshop participants. Please read this statement in its entirety and discuss any questions or concerns with Child CARD staff.

Description of CARD

CARD has been providing evidence-based, cognitive-behavioral treatments for over 25 years. CARD also serves as a research and training site for the Doctoral Program in Clinical Psychology at Boston University. CARD is staffed by professionals at varying levels of training including licensed, doctoral degreed psychologists, licensed clinical social workers, psychology postdoctoral fellows, and doctoral students who are supervised by licensed clinicians.

Nature of Services

Coping with COVID-19: A Skills Based Workshop for Adolescents is a three-hour educational opportunity for adolescents to learn strategies to manage the range of uncomfortable emotions (e.g., anxiety, stress, sadness, anger, grief, boredom) they may be experiencing in response to the coronavirus global health crisis and related changes in daily routines and family life (e.g., social isolation, school closures, loss of involvement in important activities). As the information in each session builds upon previously introduced skills, we strongly encourage regular attendance at each workshop meeting. While we aim to provide strategies and techniques that have been documented to be helpful in managing anxiety and other strong emotions in challenging, unpredictable situations, *it is important to remember that the workshop is not a group therapy program.* Therefore, solely by virtue of your child's participation in **Coping with COVID-19: A Skills Based Workshop for Adolescents**, your child *will not* be considered a patient at CARD. While workshop leaders are happy to answer questions, given that they will not have conducted an individualized diagnostic assessment with your child, the specificity of clinical information able to be provided will be inherently limited. Please note that the status of your child on our waitlist and/or the ability of your child to receive other services at CARD will not be impacted by participation in this program.

Confidentiality

Given the educational nature of **Coping with COVID-19: A Skills Based Workshop for Adolescents**, formal clinical records will not be kept. However, it is nevertheless extremely important to us to protect your child's privacy as a workshop participant. Any identifying information about your child (e.g., registration information, contact information) will be kept in a secure location that can only be accessed by authorized CARD personnel. Any information disclosed by your child during the workshop will be considered confidential and will not be shared outside of CARD. Exceptions to this policy are outlined below:

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1. If we have reason to believe that your child or another child/elderly individual/disabled person is being abused or neglected, or if your child discloses any information regarding such abuse or neglect to another, we are required by law to notify the appropriate Child or Adult Protective Services Agency.
2. If we have reason to believe that your child is at risk of making an attempt to hurt or kill him/herself or someone else, we are required by law to notify potential helpers and victims.
3. If you initiate a legal action or ethical charge against CARD.
4. If you request or allow disclosure by signing a release of information form.

In a group setting, confidentiality among participants also is an important consideration. Ground rules regarding confidentiality will be discussed at the beginning of the first meeting. However, CARD cannot be held liable for any breaches in confidentiality made by workshop attendees.

Emergencies

In the event that your child is experiencing a clinical emergency or crisis situation, we recommend that you call 911, your local crisis hotline, or go to the closest emergency room. As your child's participation in **Coping with COVID-19: A Skills Based Workshop for Adolescents** will not be associated with an open clinical case or status as a CARD patient, workshop leaders will have only a limited ability to respond in crisis situations.

Fee/Payment Policy

CARD does not accept insurance payments for services rendered. Moreover, as **Coping with COVID-19: A Skills-Based Workshop for Adolescents** is an educational workshop, not a group therapy program, it is unlikely that program costs will be reimbursed by your insurance provider, should you be eligible for out of network benefits. While we can provide a receipt for payments made, it will not include CPT or diagnosis codes, which are typically required for insurance companies to process claims. CARD uses a sliding scale to determine fees and that sliding scale will be applied to workshop participants. We recognize that many families have experienced abrupt changes in income over the past few weeks and encourage you to reach out to a staff member to discuss sliding scale options in the event of any financial hardship. CARD's administrative staff members are working limited hours and will collect payment from participants over the phone prior to the beginning of each workshop series. As the fee is for participation in the workshop in its entirety, we regret that we are unable to offer reimbursement for missed sessions other than in the event of extraordinary circumstances.

Statement of Agreement

By signing this form, I am indicating my understanding that the purposes of the **Coping with COVID-19: A Skills-Based Workshop for Adolescents** workshop are to provide educational information and strategies to help teenagers in responding to anxiety and other emotions related to the coronavirus global health crisis and related changes in social, family, extracurricular, community, and academic life. By participating in this workshop, I acknowledge that my child will not be considered a patient at CARD, and no clinical records will be kept related to workshop participation. I further understand that while workshop leaders will make every effort to tailor material to meet the

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needs of participants, the nature of the program inherently limits the ability to make specific clinical recommendations. Participation in this program will not impact eligibility for other programs at CARD nor will it guarantee that my child will be offered further services at CARD in the future. I understand that if I have any questions about **Coping with COVID-19: A Skills Based Workshop for Adolescents**, I may ask workshop leaders at any time. I also recognize the inherent limits to confidentiality associated with participation in a group program.

I therefore acknowledge that (1) I have read the **Coping with COVID-19: A Skills Based Workshop for Adolescents** consent form in its entirety; (2) I have had any questions or concerns regarding this form addressed by a CARD staff member; (3) I fully understand all information contained therein; and (4) I freely give my consent for my child to participate in this workshop.

Name of Child Participant

Name of Parent/Guardian

Signature of Parent/Guardian

Date

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Registration Form

To enroll your child in one of our workshops, please return this completed registration form, along with a signed copy of the consent form above to rmerson@bu.edu. It is acceptable to input an electronic signature or to print these forms and return pictures of them completed if you do not have access to a scanner at home. Upon receiving your registration and consent forms, we will follow up with you to confirm your workshop assignment, facilitate payment, and provide technical information about connecting to the Zoom platform.

Child Information

Child Name: _____

Date of Birth: _____ Age: _____

Address: _____

Preferred Email: _____

(Note: Links to the Zoom meetings and copies of workshop handouts will be sent to this address. All other correspondence such as information related to billing and scheduling will be sent directly to parent/guardians. The preferred email can be a parent/guardian email address or child email address.)

Parent(s)/Legal Guardian(s) Information

Parent/Legal Guardian 1 Name: _____

Home Phone: () Cell Phone: ()

Email: _____

Address (if different from above): _____

Parent/Legal Guardian 2 Name: _____

Home Phone: () Cell Phone: ()

Email: _____

Address (if different from above): _____

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Please indicate your workshop preferences (1 = first choice, 2 = second choice, etc.)

Workshop 1 (each session is 60 minutes) <ul style="list-style-type: none">Monday 4/6 at 5:30 pmWednesday 4/8 at 2:30 pmFriday 4/10 at 2:30 pm <small>Note: Monday's session is at a different time.</small>	
Workshop 2 (each session is 60 minutes) <ul style="list-style-type: none">Monday 4/13 at 10 amWednesday 4/15 at 10 amFriday 4/17 at 10 am	
Workshop 3 (each session is 90 minutes) <ul style="list-style-type: none">Tuesday 4/21 @ 9:30 amThursday 4/23 @ 9:30 am	
Workshop 4 (each session is 60 minutes) <ul style="list-style-type: none">Monday 4/27 at 5:30 pmWednesday 4/29 at 2:30 pmFriday 5/1 at 2:30 pm <small>Note: Monday's session is at a different time.</small>	

For Office Use Only:

Workshop Cost	Payment Received

Please direct any correspondence or questions to:

Rachel Merson, Psy.D.
Child CARD
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Boston, MA 02215
617-353-9610 (office phone)
857-302-0070 (Google Voice number)
rmerson@bu.edu