HopeLine Welcome, Guidelines, and Expectations

Welcome to **HopeLine**, a service offered by PSALT NK to support our North Korean brothers and sisters building new lives in the United States. We are honored to connect with you and walk alongside you as you navigate your journey, manage stressful situations, and strive for emotional and spiritual well-being in everyday life.

Please take some time to review the guidelines and expectations for our sessions. It is important that you are comfortable with these terms and find them acceptable to you.

When you are ready, please submit the acknowledgement form at the bottom of our webpage. After receiving all the required information, we will follow up to schedule your appointment. In the meantime, please email hope@psaltnk.org if you have any questions.

---

1. Purpose and Nature of the Service

- **Support and Encouragement:** HopeLine is designed to provide a safe, compassionate outlet for you to share your struggles and joys, ask questions, and become aware of effective self-care and stress-management techniques.
- **Volunteer-Led Care:** Your session(s) will be conducted by a qualified volunteer trauma-care nurse who is dedicated to listening to you, helping you process your experiences, and assisting you in developing a perspective and resources that will support your journey.
- **Connection Method: A secure Zoom line is our preferred method of communication** for your first session. This allows us to establish a personal, face-to-face connection despite the physical distance. Subsequent sessions may be conducted via Zoom or phone call.

  Please check if you acknowledge the following:

  [ ] **I understand the purpose of this service, that it is led by volunteer personnel, and that sessions take place remotely over Zoom or phone.**

2. Appointment Scheduling and Confirmation

- **Requesting a Session:** The initial session must be requested through our www.psaltnk.org/nkafe webpage. We ask that you submit your preferred dates and times, and read and complete the acknowledgement form.
- **The Confirmation Process:** Your session request is not finalized until you have completed this online acknowledgement form and the intake form. Once you submit the required forms, our team will review availability and follow up with you to schedule a date and time for your session.

- **Subsequent Sessions:** After the first session, if you would like to meet for another session please contact us via email at hope@psaltnk.org.

Please check if you acknowledge the following:

[ ] **I understand that my appointment is not final until I submit this form and the intake form. I will receive a follow up email to schedule a date and time for my session.**

3. Session Limits and Structure

- **Time Commitment:** To respect each other's schedule and ensure we can continue to provide this service, **sessions are limited to a maximum of 1 hour**.
- **Record Keeping:** The volunteer nurse will keep notes and brief assessments of each session. The notetaking during the session will be assisted by Zoom's AI Assistant so our volunteer can focus on listening attentively to you while not missing important details. This ensures we can provide you with the best possible service and be fully prepared for any follow-up sessions you may request. These notes are confidential and can only be used for the purpose of providing you with care. If you have any questions or concerns, please contact us at hope@psaltnk.org.

Please check if you acknowledge the following:

[ ] I understand that sessions are limited to 1 hour and that Zoom's AI Assistant will help take notes which will be kept confidential and used to maintain continuity of care.

4. Non-Clinical Disclaimer and Liability

- **Not Medical or Clinical Advice:** Because our participants live in various states across the country, our volunteer nurse may not be licensed to practice clinically in your specific state. Therefore, it is important that you acknowledge this service **does not constitute medical, psychiatric, or clinical therapy advice**.
- **Limitation of Liability:** By participating in this program, you agree that PSALT NK and its volunteers cannot be held legally liable for the support, advice, or recommendations shared during the sessions.

Please check if you acknowledge the following:

[ ] **I understand that this service does not provide medical or clinical therapy advice, and I agree to the limitation of liability.**

5. Confidentiality and Safety Exceptions

- **Strict Confidentiality:** We highly value your privacy. All personal experiences, questions, and details shared with your volunteer during a session will be kept strictly confidential.
- **Safety Escalation Protocol:** Your information will only be shared outside of your session to the PSALT NK leader directly involved with this program under specific, critical circumstances. If the volunteer has serious concerns regarding **potential self-harm or feels there is an immediate danger to yourself or others**, they reserve the right to inform PSALT NK leadership and alert local emergency or support services in your area to ensure your safety. This protocol is for extreme cases and is highly unusual. Please remember that you are precious and valued, and your safety, wellbeing, and personal dignity are the priority.

  Please check if you acknowledge the following:

  [ ] **I understand that my conversations are confidential, unless the volunteer believes there is an immediate risk of harm to myself or others.**

6. Data Security and Protection

- HopeLine sessions will be conducted via Zoom for Healthcare using encryption and security settings designed to protect the privacy of communications.
- AI-assisted transcripts and session notes will be stored in a secure, encrypted, password-protected cloud storage, with access restricted to authorized PSALT NK personnel who need the information to support program operations.
- These records will be used only to help maintain continuity of care, and to ensure the program operates appropriately.

  Please check if you acknowledge the following:

  [ ] **I understand that my session data, transcripts, and notes are securely stored and encrypted to protect my privacy.**

Liability and Agreement

By signing below, you acknowledge and agree that this service is voluntary and does not replace professional medical or psychological care. You agree that PSALT NK, its leadership, and the volunteer support provider shall not be held liable for any advice, recommendations, or outcomes resulting from these sessions.

Signature:

Date of Signature: