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Group Therapy Informed Consent

Welcome to my practice. This document contains information about my professional services as they relate to group therapy as well and my business policies. When you sign this document, it will represent a psychologist/patient agreement.

GROUP THERAPY SERVICES

Group therapy is not easily described in general statements. It varies depending on the personality of the psychologist, the personalities of the group therapy participants, and the particular problems being treated. Participating in group therapy is different than participating in individual therapy and can result in different benefits including recognition that you are not alone in your struggle(s), hearing feedback and receiving support from peers, and improving communication and interpersonal relationship skills. As a group therapy participant, you will be encouraged to play an active role within the group setting and be as open and honest as possible. You will also be expected to keep all information discussed as confidential.

In my role as the group facilitator, I will educate you through psychoeducation, teach you healthy coping skills utilizing Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Mindfulness techniques, and provide a safe and confidential space to help you process your feelings and ask questions.

Although group therapy is effective for many people and often leads to significant and lasting changes, it can have the same risks found in all modalities of therapy. Since therapy often involves identifying and discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, embarrassment, loneliness, and helplessness. Although change can happen quickly, it can often be slow and frustrating. For many people, problems may get worse before they get better.

During the initial group therapy sessions, you should evaluate whether you feel comfortable working with me and within a group setting. Therapy involves a large commitment of time, money, and energy, so I encourage you to discuss any concerns with me so that I may address them as soon as possible. If your concerns and/or doubts persist, I will offer referrals to another mental health professional.

GROUP THERAPY SESSIONS AND ATTENDANCE

Each group therapy session will be 90-minutes, unless otherwise noted. You will be expected to arrive on time and be prepared to begin group immediately. Since group therapy relies upon the group dynamic and cohesiveness, it is crucial that you make attending all scheduled groups a priority.

SESSION FEE

Each group therapy session is $40.00 and is to be paid at the time of the group, unless other arrangements have been made. You will be expected to pay for each session, even if you are absent, unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control).

CONFIDENTIALITY AMONG GROUP MEMBERS

As a group member, you will be expected to keep all communication within the group private and confidential. This includes anything said between any two or more group members at any time, even if it is outside of the group session. You will agree to not disclose to anyone outside of the group any information that may identify another group member. This includes, but is not limited to: names, physical descriptions, biological/demographic information, or any other information that would make identification of another group member possible.

THERAPEUTIC CONFIDENTIALITY

In general, the privacy of all communications between the psychologist and group members is protected by law. I can only release information about my work with you to others with your written permission. However, there are a few exceptions: In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I must file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

CONTACTING ME

You may contact me either by phone, text, or e-mail. When I am unavailable by phone, my telephone is answered by a confidential voicemail. I will make every effort to return your call/text/e-mail on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you will be available. If you are unable to reach me in an emergency and feel that you can't wait for me to return your call, contact your family physician, the nearest emergency room, or dial 911.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

AGREEMENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

_____ _____

Patient's Printed Name Date

_____

Patient's Signature