



INFORMED CONSENT—GROUP COUNSELING

Welcome to your group experience!

Group counseling can be a powerful and valuable venue for healing and growth. It is the desire of your group facilitator(s) that you reap all the benefits group has to offer. To help this occur, groups are structured to include the following elements:

- A safe environment in which you are able to feel respected and valued as you work
- An understanding of group goals and group norms
- Investment by both your facilitator(s) and members to produce a consistent group experience

A SAFE ENVIRONMENT

A safe environment is created and maintained by both the facilitator(s) of a group and its members. Primary ingredients are mutual respect and a chance to create trust. Another primary ingredient for a safe environment has to do with confidentiality. Your group facilitator(s) are bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group. We realize that you may want to share what you are learning about yourself in group with a significant other. This is fine as long as you remember not to talk about how events unfold in group or in any other way compromise the confidentiality of other group members.

The facilitator(s) of your group will ask you to sign a release form so that they can talk with your individual therapist. This is a safeguard for you which allows consultation between group leaders and your individual therapist should the need arise. This also provides you with extra support should a difficult issue come up in group that may need more individual attention.

LIMITS OF CONFIDENTIALITY:

- If you are a threat to yourself or others (showing suicidal or homicidal intent), your facilitator(s) may need to report your statements and/or behaviors to family, your therapist, or other appropriate mental health or law enforcement professionals in order to keep you and others safe.
- There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, reporting is not mandatory unless there are minors still living with the abuser, who may be in danger. Elder abuse is also required to be reported to the appropriate authorities.
- If a court of law orders a subpoena of case records or testimony, your facilitator(s) will first assert "privilege" (which is your right to deny the release of your records although this is not available in all states for group discussions). Your facilitator(s) will release records if a court denies the assertion of privilege and orders the release of records.

- Records may also be released with your written permission. Records will include only your personal progress in group—not information about other group members.
- Facilitators may consult with other professionals regarding group interactions. This allows a freedom to gain other perspectives and ideas concerning how best to help you reach your goals in group. No identifying information is shared in such consultations unless a release has been obtained from you as a group member.

OTHER SAFETY FACTORS:

- Members of a group may not use drugs or alcohol before or during group
- Members of a group should not engage in discussion of group issues outside of group
- Members of group should remember that keeping confidentiality allows for an environment where trust can be built and all members may benefit from the group experience
- Your group facilitator(s) will monitor discussions and maintain a respectful environment to keep safety and trust a priority

ATTENDANCE

Your presence in group is highly important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group this dynamic suffers and affects the experience of you and other members of the group. Therefore, your facilitator(s) would ask that you make this commitment a top priority for the duration of the group. It is understood that occasionally an emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your facilitator(s) before group begins let them know you will not be present.

Because it usually takes several group sessions for clients to "settle in" and receive the full benefits a therapy group provides, we ask incoming members to make a 12-week commitment when they join a group. We also ask members to give a 3 week notice when they decide to leave a group. We ask this because each member of a group is important--your presence and your absence impacts members and facilitators--and we want to allow time for members to process when members choose to leave.

WHAT TO EXPECT

Group time consists of both teaching and processing time. Processing may revolve around an issue one member of the group is working on with time for structured feedback and reactions by other members of the group. At times the group may focus on a topic with all members verbally participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself, God, and the world around you. These dynamics provide a very powerful environment for change.

Remember, the more you give of yourself during the sessions, the more you will receive. The more honest and open you are, the more you allow for insight and growth.

FEES

The fee for this group is \$40.00 per 90 minute session. (You must sign a release form for your individual therapist in order to participate in this group.) You are responsible to pay for each session except in the case of a true emergency.

CONSENT

Please fill out the top and bottom of this form. The bottom portion of the form is for your records and the top portion of the form will be kept in your file. Thank you!

Group Consent Form—Name of Group:

I have read the above information, understand the information, and agree to the terms of group participation.

Signature of Group Member:

Printed Name of Group Member:

Date: _____

Signature of Facilitator(s):

CLIENT'S COPY

I have read the above information, understand the information, and agree to the terms of group participation.

Signature of Group Member:

Printed Name of Group Member:

Date: _____

Signature of Facilitator(s):
