Julie Wells LCSW, CP, PAT 9/2014

Consent to Group Psychotherapy Treatment

Journey Into Wellness/Julie Wells MSW, LCSW, CP, PAT and I have discussed my situation and I have read and signed all of the intake paperwork including; *Notice of Privacy policy, Background Information Intake, Fee Policy & Agreement, Client Rights, and To Help Us Work Well Together.*

I have been informed about different treatment choices and have decided to enter into Group Psychotherapy. This treatment will include the following modalities, methods, and treatment approaches including; Psychodrama, Strengths-based, Mindfulness, Interpersonal, Humanistic, Family Systems, Empowerment Based, and eclectic methods.

This treatment will be conducted in a group format on_____basis. Groups are held on_____.

I am engaging in group psychotherapy with the purpose of addressing the following personal treatment goals:

1. _____
2. _____
3. _____

Entering into group psychotherapy, there are a few important things to understand about how the information you share during group sessions will be used and your rights and responsibilities as a group psychotherapy participant. Ordinarily, anything and everything you share with me is strictly confidential, whether you say it in person, on the phone, in a letter, e-mail, or text *(please read Privacy Policy/Technology & Social Media Policy for full information and exceptions)*. The ability to trust your therapist is central to the work you will do in treatment. The same holds true for the way information is shared and held by all participants in group psychotherapy treatment.

In the situation of group psychotherapy you need to be aware of the following:

- Any information that is shared by any of the group participants is expected to be held in confidence by all other group members. What is shared in group, stays in group.
- Sharing honest personal information about oneself with others can be very difficult and is not bound to the same ethical or legal privacy guidelines as the therapist. It is important that all participants' respect and honor confidentiality of every other participant in treatment so that safety, authenticity, and acceptance are foundations for the important work you wish to accomplish. When sensitive information is discussed in session all participants should only use that information in a kind and helpful manner and that maintains privacy.
- The therapist will not be the "secret keeper" for any one person. Group is a wonderful opportunity to explore the complexities of interpersonal dynamics in a safe and healthy fashion. If you experience something that relates to the group as a whole you can discuss this with the group or ask the therapist for assistance ahead of time with the intention of discussing it at a future group session.
- All group participants are asked to make a commitment to 4 treatment sessions before making any determinations about continuing or leaving treatment. Participation may last longer if necessary for meeting clinical goals. A *minimum* of 1-session notice is appreciated prior to ending group psychotherapy. This gives you, the client, and the group, a fair amount of time to develop comfort, trust, and reliability of fellow group members and provide time for adequate termination from the group. It is also expected that you will make adequate and reasonable attempts to attend all scheduled group sessions. Of course if something unavoidable should prevent you from attending please give 24 hours notice, whenever possible. Being a "no show" causes concern.

Access to Records/Information

Because you are being treated in group psychotherapy, if one party requests access to the clinical case record or information contained in the clinical case record, an authorization for Release of Mental Health Information must be signed by all parties involved to be valid. By law, I am only permitted to release the clinical case record to another party without authorization if I receive a court order.

Disclosure without Consent

I am ethically and legally obligated to bring any concern regarding your health and safety and the health and safety of others to the attention of the appropriate authority (please refer to the Privacy Policy). If this is necessary, I will make a good faith effort to:

1. Advise you of the need to disclose confidential information before the disclosure occurs.
2. Obtain your prior written consent to disclose this confidential information.

Release with Consent

If you and I mutually decide that, I should provide some part of your confidential information to another professional such as your insurance company, attorney, doctor, you will be asked to sign a specific and time-limited Release of Mental Health Information about your information alone.

My signature below means that I understand and agree with all of the points discussed above.

_____ _____

Signature of Client Date Signature of Therapist Date