



GROUP COUNSELING CONSENT, POLICIES & AGREEMENT

Everyone (excluding children under the age of 18) participating in group counseling MUST read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement, please ask the therapist/facilitator if you would like to have one. All people must also sign the HIPAA form as well.

Group Counseling & Therapeutic Process:

Participating in group counseling can result in numerous benefits, including improving interpersonal relationships and resolving the concerns that led you to seek group counseling. Working toward these benefits, however, requires active involvement, honesty and openness on your part. Moreover, while group counseling is effective for many people and often leads to significant and lasting changes, there are some risks involved.

Many people report discomfort during group counseling as they begin to look at areas in their life that aren't working or not working as well as they would like them to. Sometimes undesirable feelings can emerge as one considers unpleasant, difficult or embarrassing subjects. The facilitator or group may suggest new and different ways of handling situations that may trigger emotions for you.

Attempting to resolve tensions between yourself and others may lead to changes that were not originally intended. Moreover, a decision that is positive for one person can be viewed quite negatively by another.

Change can happen quickly; but more often it can be slow, and even frustrating. For some people, problems may get worse before they get better. It is also possible that group counseling does not work. Even so, many people find that group counseling is worth the difficulty it may entail leading them to the intended results they are seeking.

Guidelines:

- ***Be present.*** Attendance is crucial to your success! The Topics covered in this class are vital to your family and/or to your DSS case. If you are not present, you miss valuable information and support. You are allowed only 1 absence during a 6-week group term. If a class is missed due to incarceration or illness, return to group prepared with paperwork to document your reason for the absence.
- ***Be on time.*** The doors to the Center will be locked 10 minutes after Group start time. You will not be allowed in after doors have been locked. You will not be given credit for attending that day. Unless previously discussed with the Director, attendance is required for the entire Group session.
- ***Be respectful to others.*** Everyone has something to share about their situation. We are here to support each other in our journeys, and we encourage everyone to share. When sharing, be brief so the lesson can stay on track and others also have time to share.
- ***One person speaks at a time.*** We want everyone's voice to be heard. Therefore, we ask only one person to speak at a time so the facilitator can address everyone's concerns and/or questions.
- ***It's okay to disagree.*** We all come from different backgrounds and upbringings. We will not always have the same opinions and that's okay. It is not okay to act in a threatening or aggressive manner.
- ***Phones on vibrate/NO texting/NO recording.*** If you receive an emergency phone call during the class time, please step out and make it brief and step back in. It is important not to miss information.

- **Judgement-free Zone.** Whatever has happened to bring you to our facility cannot be changed. We expect you to move forward from where you are now and we will always treat you with respect and dignity.
- **Payment.** Our Payment Plans are set up so that your balance should be paid in full when you are finished with Group sessions. Therefore, payment (at least the minimum amount agreed upon at Initial Assessment) is expected at each Group session.

Confidentiality:

Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.

- I agree to keep confidential the names of other members of the group and what is said in the group. As a member of this group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.
- I agree to indemnify and hold **Choices Counseling and Advocacy Center, LLC** harmless for any loss or damages, including costs and attorney's fees, incurred by **Choices Counseling and Advocacy Center, LLC** as a result of my breach of another's confidentiality.
- Further information regarding these situations and my privacy rights has been provided in the Notice of Privacy Practices for Protected Health Information

I also understand that anything said in therapy is confidential, *except* for the following limitations:

- Child abuse and/or neglect (which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out, physical abuse, etc.)
- Vulnerable adult abuse or neglect
- Threats to harm oneself
- Threats regarding harm to another person
- A court subpoena
- My specific request, in writing, to disclose information regarding my psychotherapy to a third party

*** Please note that if you choose to send communications through text or email these communications are not protected and confidentiality cannot be guaranteed. ***

I understand that the therapist/facilitator is not available 24 hours a day and that in a crisis situation, I should call 911.

Your signature on this agreement signifies that you have read, understood, and are consenting to services provided by **Choices Counseling and Advocacy Center, LLC**.

I hereby grant my permission for **Choices Counseling and Advocacy Center, LLC**, to provide group psychotherapy services.

By my signature below, I indicate that I have read carefully and understand the Group Consent, Policy, and Agreements, and I agree to its terms and conditions. I have asked and had questions answered concerning the Group, Consent, Policy, and Agreements. I am aware signing the Agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

Signature

Date