

Completed and printed Consent forms can be brought in to your first/next appointment

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INFORMED CONSENT-GROUP COUNSELING

Welcome to you group experience!

Group counseling can be a powerful invaluable venue for healing and growth period it is the desire of your group facilitators that you reap all the benefits group has to offer period 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. An understanding of group goals and group norms. Investment by both your facilitators and other members to produce a consistent group experience.

A SAFE ENVIRONMENT

If safe environment is created and maintained by both the facilitators 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. Yogurt facilitators 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 period this is fine as long as you remember not to talk about how events unfold in Group or in any other way compromises the confidentiality of other group members. The facilitator of your group will ask you to sign a release form so that they can talk with your individual therapists if needed. 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 made need more individual attention.

LIMITS OF CONFIDENTIALITY

There are limits to confidentiality:

- If you are a threat to yourself or others showing suicidal or homicidal intent your facilitator may need to report your statements and or your behaviors to family,

your therapist, or other appropriate mental health or law enforcement professionals in order to keep you and others safe.

-There are 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 facilitators 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 period your facilitator will release records if a court denies the assertion of privileges 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 the freedom to gain other perspectives and ideas concerning how best Dale be 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 the 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 groups should remember that confidentiality allows for an environment where trust can be built and all members may benefit from the group experience. Your group facilitator will monitor discussions and maintain a respectful environment to keep safety and trust a priority.

ATTENDANCE

Your attendance and presence in Group is highly important a group dynamic is formed that helps create an environment for growth and change period 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 would ask that you make this commitment a top priority for the duration of the six weeks. It is understood that occasionally emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your facilitator before group begins to let them know that you will not be present period 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 six week commitment when they join a group. If you should decide to leave the group

I also that you allow one final session to allow other group members to say good-bye.

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 to, understand more clearly how you relate to others, and examine your own beliefs about yourself, and the world around you. These dynamics provide a very powerful environment for healing and change period remember the more you give of yourself during the sessions, the more you'll receive. The more honest and open you are, the more you allow for insight and growth.

RECORD KEEPING

No electronic notes are kept. Only a brief hand-written Progress note will be kept for documentation of your attendance and growth.

FEES

The fee for this group is \$300 for 6 weekly 90 minutes sessions. Total payment is due before the first session. If requested, you will be given a Statement and Receipt for Professional Services rendered that you may submit to your health insurance company. Some companies do cover group support and therapy.

Thank you for the time and attention that you took to read this document. We look forward to having you in Group. Please sign below to indicate that you understand and agree to the above, and consent to group therapy treatment. Your signature also indicates that any questions you have, have been answered, and that you understand your Rights To Privacy. You are encouraged to keep a copy of this form and refer to it from time to time during your therapy.

Client/Participant Signature _____ DATE _____

Client/Participant PRINTED name _____