



AGREEMENT TO PARTICIPATE IN GROUP THERAPY

This document pertains to group therapy services provided at Resilience 1220 and is a supplement to the Disclosure Statement and Informed Consent for Services for Resilience 1220. Please read the below information carefully and let me know if you have any questions or concerns about participating in group therapy at Resilience 1220.

Group Therapy

Like any type of psychotherapy, there are benefits and risks associated with group therapy. Participating in group therapy has many benefits. Participants in group therapy often find a network of support from other group members that are working through the same or similar issues. Participation in group therapy also fosters creative solutions and ideas for dealing with a difficult situation, life challenge, and/or other complicated issue. Group therapy also provides a diverse community by mixing people with different backgrounds, personalities, and perspectives.

One of the greatest risks in participating in group therapy is that there is no absolute guarantee of privacy when sharing confidential information with others. Although the group therapy ground rules request that participants in group therapy not share or disclose information gleaned about others, there is no guarantee that confidential information shared will not be disclosed by another group participant. Group therapy is also not a one-on-one counseling session. As such, the therapist facilitating the group is not there to provide individual counseling to a group participant, but rather to facilitate the group as a whole. Group therapy may not be sufficient for those individuals desiring or needing more individual based counseling. In addition, hearing other group member's personal stories and thoughts may trigger negative emotions and feelings, or may cause the remembrance of negative events. Group members are encouraged to discuss these feelings as they arise.

Description of the Group

The group is called _____ and will meet at _____ on the following day(s):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

The purpose of the group is to provide the opportunity to achieve the following goals:

1. _____
2. _____
3. _____

Rules for Participating in Group Therapy

1. It is important when engaging in group therapy to be willing to talk openly about your thoughts and feelings, to honestly report your behaviors, to offer helpful, clear, direct feedback to others, and to listen fully and carefully to other members' reactions to you.

2. It is preferable that group members will attend all group sessions for the full duration of the group. If you can't attend, please inform the group as soon as possible or, in the event of an emergency, call a group leader as soon as you know you cannot attend. If you decide not to continue with the group or are unable to do so, it is suggested that you talk to the group leader about your reason for discontinuing the group. A group leader may follow up with you with further recommendations or feedback. This is helpful to allow the group to process your exit from the group.
3. Group therapy is most effective when group participants can be open and honest in an accepting and safe environment. This means that group participants agree not to share other group members' identifying and personal information with others and will not talk about the problems, histories, issues, or other facts presented in the group therapy sessions, unless consent is given by that group member. This includes any information shared on social media or electronics. Failing to keep group member information confidential may result in being asked to leave the group.
4. We will use only first names in the group, and you promise not to disclose the names of group members to anyone outside of the group or to in any way allow someone outside the group to learn the names of other group members.
5. No visitors, spouses, children, relatives, or others will be permitted in group sessions unless discussed and approved by the group leader.
6. There will be no recording of any kind (video or audio) or photographs of members or sessions, even by the group leaders (except for clinical notes made by group leaders). Recordings of virtual groups require consent from all members attending.
7. Please be respectful of the start time of the group. Be on time to all group sessions you signed up for. Because it is disruptive to the group when members show up after we have started, if you are more than 15 minutes late for the group, you may not be able to participate in that day's group session.
8. Threatening or violent behavior will not be tolerated in the group, and any member who threatens harm or behaves violently will be removed from the group.
9. Group leaders may keep progress notes on each individual group member, and these notes will be kept in each individual member's record. The notes will not contain information by which any other group member can be identified and will only be released to other professionals with the group member's written consent or to meet legal requirements. Group leaders may keep another record about the group's meetings and the interactions of the members, and this record will not be included in any individual group member's record. This record may not be shown to anyone without the written agreement of all group members and group leaders involved.

Confidentiality

Due to the nature of group therapy, there are two types of confidentiality that apply. The first is the confidentiality between you and the group leaders. The second is the confidentiality between group members.

Confidentiality between you and the group leaders. Generally speaking, the information provided by and to you during therapy sessions is legally confidential and your therapist cannot be forced to disclose confidential information without your consent. However, there are exceptions to this confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-245-220. You should be aware that provisions concerning disclosure of confidential communications do not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk adult or elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information in the course of supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

There may be times when I need to consult with another professional about issues raised in therapy. Your confidentiality is still protected during such consultations and only the minimum amount of information necessary to consult will be disclosed. Signing this document gives me permission to consult as necessary.

Confidentiality between group members. Confidentiality between group members is vital in order to allow the group to be beneficial for all members. Each group member needs to feel safe and able to share information without judgment or concern about disclosure to third parties. Although legally group members are not required to keep the information shared in group session confidential, it is a policy of this group to keep the conversations, group discussion, and any and all information shared by other strictly confidential.

In addition, in accordance with C.R.S. §13-90-107(g) no person, “who has participated in any psychotherapy, conducted under the supervision of a person authorized by law to conduct such therapy, including group therapy sessions, [may] be examined concerning any knowledge gained during the course of such therapy without the consent of the person to whom the testimony sought relates.” This means that you cannot testify in court about information you learned about someone else in the group without that person’s consent.

By signing below, you affirm that you have read and understand this document, you have discussed anything herein that you did not fully understand, you have had your questions answered fully, you agree to abide by the terms of this document during our professional relationship, and you consent to receive the services described herein.

Client Name (Please Print)

Client's Signature

Date

If Applicable: (If youth is under the age of 12)

Parent/Legal Guardian Signature (Please specify relationship to client)

Date