

Group Therapy Informed Consent

Welcome to a New Experience in Self-Knowledge!

It is important to be clear about the nature of group therapy. Attached are informational materials that seek to explain many aspects of group therapy and the therapeutic relationship. Read them carefully and bring up any questions that you may have so that we can discuss them. Feel free to bring up questions in individual or group sessions. Then sign below so I will have in my records that you have received, read, and questioned with me the information contained.

About the Relationship with the Therapist(s)

Because of the nature of psychotherapy, the therapeutic relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must also be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a “dual relationship.” Therapy professions have rules against such relationships to protect us both:

- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts. I cannot have any other kind of business relationship with you besides the therapy itself.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or with any other people close to a client.

There are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions. A therapist offers you choices and helps you consider what is best for you. **You should also know that therapists are required to keep the identity of their clients secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family's gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends.** In sum, my duty as therapist is to care for you and my other clients, but only in the professional role of therapist. **I am not permitted to give or to receive gifts from clients except tokens with personal meaning to the therapy process.**

Agreement for Group Therapy

As a group member, I have rights and benefits as well as duties, and I understand that some of them are described in this agreement. This agreement is a supplement to the Informed Consent for Psychotherapy Consultation I have already signed.

This group will meet_____. The fee is \$_____ per session unless otherwise arranged. I agree to pay this fee even for group meetings I do not attend, unless other arrangements are agreed upon in advance. Fees will be billed at the end of the month and *due in full* by the 10th of the following month.

The purpose of this group is to provide me with the opportunity to work on the following goals:

1. _____

2. _____

3. _____

I agree to work in this group. This means openly talking about my thoughts and feelings, honestly reporting my behaviors, and exchanging helpful feedback with other members of the group.

I will do my best to attend all meetings of this group even if I do not always feel like it. If I cannot attend, I will tell the group (at the beginning of the meeting) if possible, a week in advance. Or, if it is an emergency, I will call the leader as soon as I know I cannot attend. **If I decide not to go on with the group, I will discuss my reasons with the group and I will give 4 weeks' notice to the group so everyone will have an opportunity for closure.**

I understand that this group experience is not a replacement for individual therapy. If issues arise that are not suitable for the group's process, I may benefit from individual therapy sessions, for which I will have to pay separately.

With full understanding of **the need for confidentiality** (that is, privacy) for all group members, I accept these rules:

1. We will use first names. Other information (such as phone numbers) can only be exchanged on a person-by-person basis. Do not give personal information about others out to anyone.
2. We will permit no children, spouses, or other visitors in our sessions.

3. We will not permit any kind of recordings of our sessions, even by our members or leader.
4. I promise not to tell anyone outside the group about any of the problems presented by any group member as this might be identifiable.
5. I understand and agree that if I break rules 1 to 4, I will be asked to leave the group and I may also face a possible lawsuit from others who feel their confidentiality has been breached.
6. I understand that the leader will keep a record on each individual member, and that this record will only contain first names of others.

I understand that the other members of the group are not therapists and that they are not obligated to maintain the same ethics and laws that the therapist must work under. I understand that I cannot be absolutely certain that they will always keep what I say in the group confidential even though every group member has agreed to secrecy.

I agree that any and all contacts with other group members will be kept potentially reportable in the group forum—that is, no secrets from the therapist(s) or from the group in the interest of everyone’s therapeutic process. I understand that the therapist cannot promise confidentiality from other group members regarding information shared in individual sessions. Rather, the therapist promises discretion. The reason for these two provisions is to maintain a robust therapeutic process for everyone. The minute secrets begin to develop, the full emotional sharing required to facilitate everyone’s therapy diminishes.

I have read the attached informational materials describing the possibilities of group therapy and how I can best use it as a resource for my growth and development. I agree to abide by the rules and provisions above and to discuss any questions and misgivings I may have at present or in the future with the therapist(s). This agreement supplements any previous informed consents.

Print Name

Signature

Date

I have discussed the issues above with the client. My observations of this person's behavior and responses indicate that this person understands the rules and provisions of group therapy as set out above and is competent to give informed and willing consent at this time.

Signature of Therapist

Date

I agree to the provisions of the group as set forth herein.

Signature of Co-Therapist

Date