

Michael Noll Counseling

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Group Therapy – Informed Consent

Welcome to _____,

It is important to be clear about the nature of group work and the therapeutic relationship before participating in group therapy. Please read through this consent carefully and bring up any questions that you may have so that we can discuss them. Then please sign below so I will have in my records that you have received, read and clarified with me the information received.

About the Relationship with the Therapist

The therapeutic relationship has to be different from most relationships. As a facilitator of the group process our relationship, and your relationship with other group members, is unique. I am bound by legal and ethical guidelines, which serve to protect your confidentiality and help the therapeutic process remain healthy and productive.

- I cannot have any other kind of business relationship with you outside of the therapy itself
- I cannot give legal, medical, financial, or any other type of professional advice
- I cannot have romantic or sexual relationships with former or current clients, or with people close to the client
- I must keep the identity of clients confidential, therefore I may not acknowledge you when we meet in a public place and I must decline to attend your personal events or gatherings if you invite me
- Lastly, when the group work ends I will not be able to befriend you, on or offline, and cannot give or receive gifts from clients

Consent for Group Process Work

This group will meet on _____ from _____. The fee is _____ per group session. I agree to pay this fee for group sessions I do not attend. There are _____ sessions. The total of _____ includes the cost of any material used within the group.

- I agree to work in this group. This means openly expressing my thoughts and feelings, and exchange helpful feedback with other members of the group
- I will do my best to attend all session of this group even if I do not always feel like it. If I cannot attend for some reason, I will tell the group, when possible, a week in advance. If it is an emergency, I will call/text/email Michael Noll as soon as I know I cannot attend.
- 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 be referred.

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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 or nicknames. Other information (such as phone numbers) can only be exchanged on a person-to-person basis. Do not give personal information about others out to anyone.
2. We will not allow non-group visitors in our sessions
3. We will not permit any kind of recordings of our sessions, even by our members or facilitators.
4. I will adhere to privacy/confidentiality provision by not disclosing any of the issues presented by any group member, as it may be identifiable.
5. I understand and agree that if I violate rules 1 through 4, I will be asked to discontinue group.
6. I understand that the facilitator, Michael Noll, will keep a clinical record on each individual group member and that this record will only contain first names of other group members.
7. I understand that the other group members are not therapists and are not obligated to maintain the same ethics and legal provisions that the therapist must adhere. There are specific exceptions to confidentiality in any therapeutic modality. Mental Health professionals have a legal and ethical responsibility to report information to the appropriate persons with or without your consent in the following instances: if you are a danger to yourself or others; if there is a suspicion of child or elder abuse; or subpoenaed by a court to release medical records. If, in the professional judgment of the facilitator, any of these exceptions apply, a reasonable effort will be made to discuss them prior to the release of information. 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 maintain confidentiality.
8. I agree that any and all contacts with other group members will be potentially reportable in the group forum-there no secrets from the therapist or from the group-in the interest of everyone's therapeutic process. The therapist guarantees discretion. The purpose of these two provisions is to maintain a robust therapeutic process for everyone. Once secrets begin to develop, the full impact of emotional sharing required to facilitate everyone's therapeutic process diminishes.

I have read and agree to abide by these rules and provisions above and to discuss any questions and concerns I may have at present or in the future with the therapist. My signature below indicates that I give informed consent to receive group services as described above:

Client Name (Print)

Client Signature

Date

Therapist Name

Therapist Signature

Date