



1431 S 550 E Orem UT 84097 801.318.4721

Group Therapy Informed Consent

About the Relationship with the Therapist(s)

Because of the nature of psychotherapy, the therapeutic relationship has to be different from most relationships. It must 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.

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

Therapists are required to keep the identity of their clients confidential; therefore, we may ignore you when we meet in a public place and we must decline to attend your family's gatherings if you invite us. Lastly, when our therapy is completed, we will not be able to socialize with you like your other friends. We are 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.

- The fee is: \$30/50 min group
 \$50/90 min group

I agree to pay this fee prior to, or at the time of service.

- 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.

- 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 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 1-4, I will be asked to leave the group, and
6. I may also face a possible lawsuit from others who feel their confidentiality has been breached.
7. I understand that the leader will keep a record of group meetings and that this record will only contain first names of members.

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 members has agreed to confidentiality.

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. Social and/or business contacts that go beyond mutually contributing to each others relational growth create complications and therefore are discouraged.

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).

Print Name	Signature	Date
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Signature of Therapist	Date
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Signature of Co-Therapist	Date
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