

Informed Consent for Group Therapy

Welcome to our practice. Thank you for choosing us as your mental health care professionals. This document contains important information about our professional services and business policies. In addition, it explains some basic principles that will enhance the therapeutic process. Please read it carefully and jot down any questions you might have so that you can discuss them during your initial meeting with your therapist. Our mutual understanding and adherence to these ground rules and administrative policies will aid in the most effective use of our time and efforts. It may also minimize the possibility of future misunderstandings that might interfere with the therapeutic process. When you sign this document, it will represent an agreement between us.

ABOUT GROUP THERAPY

Group therapy helps people work through problems by interacting with a therapist and a group of individuals facing similar challenges. In a safe, confidential setting, each group member can share personal experiences, feelings and issues and receive feedback and support from the rest of the group. The therapist leading the session may draw from a variety of therapeutic approaches, such as cognitive behavioral, psychodynamic, humanistic and so on.

There are many different types of therapeutic groups, but most therapy groups can be divided into two main approaches. These approaches are psychoeducational group therapy and process-oriented group therapy:

- Psychoeducational groups provide members with information about specific issues. They may also teach healthy coping skills. These groups are led by a qualified therapist who directs sessions and sets goals. In this type of group therapy, the therapist takes on the role of teacher.
- Process-oriented groups focus on the group experience. While the therapist leads the group discussion, they act as a facilitator rather than an instructor. Group members participate by engaging in group discussions and activities.

Joining a group may sound intimidating at first, but group therapy provides benefits that individual therapy may not. Groups can act as a support network and a sounding board. Other members of the group can help you come up with specific ideas for improving a difficult situation or life challenge and hold you accountable along the way. Regularly talking and listening to others also helps you put your own problems in perspective. Many people experience mental health difficulties, but few speak openly about them to people they do not know well. Oftentimes, you may feel like you are the only one struggling — but you are not. It can be a relief to hear others discuss what they are going through and realize you are not alone. Diversity is another important benefit of group therapy. People have different personalities and backgrounds, and they look at situations in different ways. By seeing how other people tackle problems and make positive changes, you can discover a whole range of strategies for facing your own concerns.

To gain the maximum benefit of group therapy, individuals must be willing to participate. The more open and honest an individual can be, the more they can get out of the experience.

GROUP TELETHERAPY

I understand that group therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, I agree to call my therapist back at: (607) 287-0058.

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I understand I am solely responsible for maintaining the strict confidentiality of my user ID and password and not allow another person to use my user ID to access the Services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation. I understand that there will be no recording of any of the on-line sessions and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without mine and each member of the group's written permission, except where disclosure is required by law.

LIMITS TO GROUP TELETHERAPY I understand that tele-therapy is not appropriate nor a substitute for in-person therapy during crisis situations (i.e. suicidal ideation). Genardo Mental Health Counseling P.C. requires emergency contact information for all tele-therapy clients and parents to minor patients. Genardo Mental Health Counseling P.C. is only licensed to perform services in the State of New York; therefore, tele-therapy is not suitable for long-term treatment with clients outside of New York.

I voluntarily agree to receive on-line therapy services for continued care, treatment, or other services and authorize Genardo Mental Health Counseling P.C. to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may withdraw consent for these services at any time. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything.

THERAPEUTIC RELATIONSHIP

As professionals, we will use our best knowledge and skills to help you. This includes following the standards of the American Psychological Association (APA). In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during or after the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship. While I would appreciate any referrals, it would be a conflict of interest for me to also be a therapist to anyone else who you are close with. In these situations, we would be glad to arrange another referral within or outside of the practice.

We do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, personal identity, sexual orientation, or criminal record (unrelated to present dangerousness). We will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity.

DURATION OF GROUP TREATMENT

Typically, groups meet for 1-2 hours each week and address specific concerns shared by group members. The minimum number of recommended sessions is often six, but many people attend for a full year. The type of group you participate in will influence the duration of the group. For example, psychoeducational groups are generally time limited (i.e., 6 to 12 sessions and focus on a specific topic), while process oriented groups are open ended, ongoing, and may last for an extended period of time deemed appropriate by the group leader and members.

The process of ending group therapy, called "termination," can be a very valuable part of group work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, we ask that you agree to meet for at least one more session to review our work together. We will reflect upon our goals, the work we have done, any future work that needs to be done, and our choices.

APPOINTMENTS AND CANCELLATIONS

Keeping your scheduled appointments is an investment into you or your children and family's personal treatment and recovery. When you make an appointment with Genardo Mental Health Counseling P.C. you are asking a professional to hold a specific block of time for you. In order to efficiently serve the community, Genardo Mental Health Counseling P.C. has instituted a 24-hour notification for canceling an appointment. For a group to work effectively, it is important that you attend all scheduled sessions and be on time. If you decide to discontinue the group, we ask that you come to one more session to let the group know and say "goodbye."

Emergency cancellations are assessed by the clinician to waive fees when appropriate. If you must cancel a scheduled appointment, please do so at least 24- hours in advance (This can be done on the days the office is closed, eg. days following holidays). Failure to give the proper 24-hour notice will result in a billing you directly for the entire cost of the missed appointment, your insurance cannot be billed for services that are not rendered.

CONFIDENTIALITY

All aspects of your treatment are confidential. We will need your written permission if you wish us to discuss your treatment with anyone else. Without your written permission, I cannot reveal any information about you or your treatment. Even the fact that you are a client in our practice is protected by confidentiality. Confidentiality is strongly encouraged among group members. Issues discussed in group therapy are not to be discussed elsewhere even if group members live in the same setting. Each group member has a personal responsibility to keep their fellow group members' information private while being able to tell their personal stories to whomever they wish. It is impossible for clinicians to keep other group members from discussing group topic and sharing information from the group or about other participants in the group; therefore, clinicians cannot guarantee and are not responsible for group members who do not adhere to confidentiality of the group members.

Clients under the legal age of consent, 18, are still protected by a confidentiality clause. This is sometimes disconcerting to parents because they want to protect their child and be informed about their well-being. If at any time your child presents with an issue that indicates he/she is a danger to self or others, parent(s) will be immediately notified and included in the treatment to keep the child safe.

In order to maintain the safety of the environment for the client, parent(s) will only be informed about the intricacies of the sessions with their child's consent. The exception is in the case that danger to self or others is discovered. However, there are three important exceptions to confidentiality protections.

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EXCEPTIONS TO CONFIDENTIALITY

1. If I believe, in my professional opinion, that you are an imminent danger to yourself or to someone else, then we must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
2. If you give us information pertaining to the abuse or neglect of a child, an elderly person, or a disabled person, past or present, and the victim is identified, we are required to report this information to the local authorities, even without your permission. We are required to report even a suspicion of such abuse to the local authorities.
3. We may also be required to discuss aspects of your treatment without your permission if we are subpoenaed or court-ordered to do so. These situations rarely occur. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

FEES

Our private pay fee for group therapy services is **\$65 per group therapy session**. In addition to weekly appointments, we charge \$125 per hour for other professional services you may need; however, we charge on a sliding scale to meet your financial needs, so your hourly rates may be lower. We will break down the hourly cost if we work for periods of less than 60 minutes.

BILLING AND PAYMENT

You will be expected to pay for each session at the time it is held, unless we agree otherwise. We accept cash, checks, and all major credit cards. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency, and this could affect your credit. If such legal action is necessary, its costs will be included in the claim. There will be a \$35 charge for the return of a check from the bank due to insufficient funds. We are glad to give you a receipt to document your health spending for an FSA plan.

CONTACTING YOUR PROVIDER

We are not often available immediately by telephone. Email is the quickest way to reach your clinician. If you would like to speak on the phone you may leave a message with one of the clinicians on the confidential voicemail. We will make every effort to return your call within 48 hours, with the exception of holidays.

EMERGENCIES

In the event of a psychiatric emergency, please call 911 or go to the nearest emergency room and ask to be evaluated by a psychologist or psychiatrist on call. The National Suicide Prevention Lifeline is also available 24 hours a day, 7 days a week: 1(800) 273-TALK (1-800-273-8255).

FORENSIC AND LITIGATION SERVICES

It is the stated philosophy of this practice that we do not participate in lawsuits of any type on a Plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation, depositions, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if we are called to testify by another party. Because of the complexity of legal involvement, we charge \$300 per hour for preparation and attendance at any legal proceeding.

CONSENT FOR TREATMENT OF CHILDREN

Genardo Mental Health Counseling P.C. requires the written consent of both custodial parents for the treatment of children and adolescents (ages 17 and younger). The involvement of both parents in the therapy process is strongly recommended, even when parents are divorced, separated, or never married. It is our belief that for therapy to be successful, the cooperation of both parents is critical. However, we are flexible in how we work with parents/families. In the State of New York, individuals ages 18 and older may consent to their own treatment without the approval of a parent required. Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. When children are seen individually, the content of these sessions (except for the information noted above) is kept confidential between therapist and child unless the child consents to the sharing of such information and/or if the therapist believes that the child is at imminent risk of harming themselves or others. In these instances, parents will be notified of the therapist's concern. Before giving parents any information, the therapist will attempt to discuss the matter with the child and do his/her best to handle any objections the child may have.

OUR AGREEMENT

My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have my child enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

_____	_____	_____
Client Signature	Print Full Name	Date

For Minor:

_____	_____	_____
Parent/Legal Guardian Full Name	Parent/Legal Guardian Signature	Date

_____	_____
Therapists Signature	Date