



## **Group Therapy Informed Consent**

Group counseling is a unique relationship in which a group of people who are likely experiencing similar difficulties come together to both give and receive help from one another. Alcona Health Center and Alcona Community Schools attempt to create an environment where honest and personal experiences will be shared that will benefit all individuals in the group. In order to create such an environment, there are certain guidelines that need to be agreed upon by each participant. These guidelines are in addition to the Service Agreement and Consent you signed upon starting therapy with Trudi L. Marsh, MSW, LMSW- Clinical at the Alcona Middle High School.

### **CONFIDENTIALITY**

Therapies are effective because individuals feel safe to share private information in a confidential atmosphere. It is important that every member of the group agree to uphold the confidentiality of the therapy setting. Members agree to keep names and identities of other group members confidential. If at any time a participant of the group should compromise the confidentiality of another group member, they will be dismissed from the group and other services will be offered outside of Group Therapy service. Your group therapist is bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group, in the group.

We realize that you may want to share what you are learning in the group with a family member. This is fine as long as you remember not to talk about how events unfold in the group or compromise the confidentiality of other members by sharing their names or other details of their experiences. Parents of adolescents participating in the group need to remember that their teen is in a group to learn about topics that are meaningful and at times confusing to them. Being able to express themselves freely in the group, is part of the process of learning to become more honest with oneself and choices one wants to make. Knowing that you trust the group process may be helpful in their group experience.

### **ATTENDANCE**

Group therapy is successful when there is regular attendance on behalf of those who participate. If you cannot attend a group meeting please email or call to let your therapist know, just as you would for an individual session. Please arrive on time.

## **ACTIVE PARTICIPATION**

Members of effective groups actively share thoughts, reactions and feelings during group therapy as a way of increasing their self-understanding and contributing to the personal growth of other group members. To support that goal, the therapist will facilitate a climate of respect within the group. Each member will share in different ways and be comfortable with different levels of disclosure. Participation does not necessarily mean talking. It can also mean listening to what other members have to say. No one will ever be forced to share anything that they are not comfortable sharing.

## **A SAFE ENVIRONMENT**

Members of the group may not use drugs or alcohol, to include tobacco and vaping products, before or during group. The Drug Free Zone policies are still in place as they would be during the school year. In addition **NO CELL PHONES ARE PERMITTED IN GROUP**. If there is an emergency, a contact number will be provided so parents can reach their child if necessary. Having cell phones is a potential HIPAA Violation should the phone accidentally call someone, or if a child records a session. **The Therapist reserves the right to remove a group member for any reason which violates consent or safety of the overall group process at the therapist's discretion.**

## **SOCIAL DISTANCING PRACTICES AND REQUIRED SAFETY PRECAUTIONS**

In order to control the health and safety of all participants, it is expected that participants will follow the Social Distancing Practices and Required Safety Precautions.

1. All participants will be screened prior to attending the group. The screening questions will include the following:
  - Elevated Temperature (to be taken on site)
  - New or worsening cough
  - Shortness of breath
  - Sore throat
  - Diarrhea
2. If the participant answers "YES" to any of the symptoms listed above, or their temperature is 100.4 or higher, they will not be admitted to the group and will need to clear the health screen before the participant can attend.
3. If the student had close contact with an individual diagnosed with COVID-19 or left the county in the past 14 days prior to the session, they will need to self-quarantine for 14 days before they can attend the sessions.
4. Masks will be strongly encouraged during group sessions.
5. Social distancing and respecting spatial boundaries will be expected.
6. Hand washing and hand sanitizer will be encouraged and offered during these sessions.

## **CONSENT**

**I acknowledge that I have read and understand the above information and agree to participate in group therapy. In the case of a minor child, I hereby affirm that I am the**

**custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.**

**Parent/Guardian/Patient Signature:** \_\_\_\_\_

**Print Minor Child's Full Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_