

Central Wisconsin Mental Health Associates, SC **Group Therapy Consent Form**

Welcome to Group Therapy! Please read through the information below and feel free to ask your questions about our sessions and/or anything about us. Once you are ready to participate, please sign this informed consent form below so we will have on our records that you have read the information and that you have been properly informed about the therapy.

WHAT IS GROUP THERAPY Group Therapy is a unique kind of therapy where a group of people who are likely experiencing similar challenges in the period of their lives gets together to share their difficulties which as a result give and at the same time, receive help from each other. We make sure to maintain a safe environment that is conducive both for sharing and accepting each other where each can grow and trust one another and where each and everyone will feel respected and valued.

CONFIDENTIALITY We respect each and everyone's right to privacy and confidentiality and we shall make sure to maintain it that way. However, please understand that this is not absolute and is limited to provide for by law. Certain limitations are as follows: Threatening one's self or another that may result in physical harm; An act of physical or emotional abuse against a child or any person; Sexual abuse against a child where the child is living with the abuser; Whenever we are summoned by court order to disclose information against a participant. However, we shall notify you and let you exercise your privilege in the right to deny the disclosure of your records with us. Your prior written consent to release records.

CONDUCT AND RELATIONSHIP For the safety it is necessary that the following is required to be complied with by its members: Discussions made within the group session are not allowed to be discussed outside with anyone and should maintain the practice of confidentiality in order to build trust with fellow members; Members should maintain positivity and not induce disrespect among others; Members should not be drunk, nor they are allowed to take alcohol or take drugs before or after therapy; Maintain conduct that brings respect to fellow members' thoughts, emotions, or behavior. Refrain from having a relationship with a fellow member other than therapeutic while engaged in the session.

THE THERAPIST(S) The therapists should maintain a professional relationship with the participants all the time and no more than that. Any relationship with a participant may result in a "dual relationship" and may affect the goals of the session.

WHAT TO EXPECT The sessions consist of processing on the issues that a member is involved where the others will give their feedback and reaction towards the said issue. This helps each member understand the issue from a different perspective in order to understand others. This also helps with one's reflection about his or her situation which can then help for insight and personal growth.

CONSENT I agree to adhere to the norms and expectations for group therapy as indicated above. I acknowledge that I have had the opportunity to ask questions and such questions were answered clearly and to my satisfaction.

Name: _____

Signature: _____ Date Signed: _____

Staff Signature: _____ Date Signed: _____