



The Center for Community Healing

Freedom of Expression for All

Informed Consent for Group Psychotherapy

Therapeutic Groups are themed groups that provide an opportunity to learn skills and to share as people come together to explore common or similar experiences, identities, or concerns. The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding of how our relationship and relationships with members of the group will work, and what we can all expect. This content will provide a clear framework of our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing and dating (or filling in the checkbox if completed electronically) at the end of this document.

Confidentiality:

- Group members may not discuss the identity or share identifying information (name, ages, race, identities, professions, locations, or anything else that may be used to identify a person in the group) with anyone outside of the group. If it is helpful for you, you are encouraged to talk about your own reactions and personal reflections, but you may not share anything about others' identifying information or their reactions.
- Group members may not record group and attempts to record will result in immediate expulsion from this and all future groups without refund.
- If you are currently engaged in services with a different mental health provider, we may ask you to complete a release of information so we can coordinate your care. It is your responsibility to inform the group leader of any change in your treatment including beginning or stopping medication related to your mental health, and changing or stopping engagement in individual therapy.
- Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.
- If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to

speaking briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

- The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/s. Limitations of such client held privilege of confidentiality exist and are itemized below:
 1. If a client threatens or attempts to commit suicide or otherwise conducts him/her/themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
 2. If the client threatens grave bodily harm of death to another person.
 3. If the therapist has a reasonable suspicion that a client or other named person is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years.
 4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
 5. Suspected neglect of the parties named in items #3 and #4.
 6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
 7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report an attorney.

Safety:

If you experience risk of harm to yourself or others at any time during your group participation, it is your responsibility to (1) contact your primary mental health provider or group counselor and (2) call an after-hours crisis line such as the Trans Life Line at 1-877-565-8860 or the National Suicide Prevention Line at 1-800-273-8255 or go to the nearest emergency room or call 911. If risk of harm to yourself or another person is identified at any time during your group participation, a safety plan will be created.

Relationships with other group members:

It is typical for facilitators to ask that group members not develop relationships with other group members outside of the group processing space (at least while the group is still taking place). However, queer and trans communities can be small and have overlap, and we understand that you may already have connections with or know of others who will be in your group. We ask that you not intentionally enter into a group if you know that someone you are dating or have a close personal relationship with will be in this group. If upon joining a group you learn that you have overlap with another member, or have concerns about the group or other members, please feel free to discuss this with the facilitator.

Participation:

People often find that they get the most out of group when they actively participate by both listening to others and offering supportive feedback, and by sharing their own challenges and successes. There may

be some days when you have more to share than other days. If you are someone who shares frequently, please be mindful about creating welcoming space for those who may not speak as frequently. If you are someone who has more difficulty sharing in a group setting, please commit to taking risks so others can benefit from your observations, knowledge, and experiences.

Attendance:

We sincerely hope that you are able to commit to attending all sessions in the group series you have signed up for. We also understand that there may be days or times when you are unable to attend due to a pre-scheduled event, unexpected responsibilities arising, or emergencies. When at all possible, please let the group facilitator and other group members know if there are days when you will be unable to attend group. Refunds will not be provided for missed days in the group series.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name

Signature

Date

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