

Group Counseling Consent, Policies, and Agreement

All persons (excluding children under the age of 18) participating in group counseling MUST read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement, please ask the therapist/facilitator if you would like to have one. All persons must also sign the HIPAA form as well.

I hereby grant my permission for Rebecca Trent, LMFT of Rebecca Trent Counseling, to provide group psychotherapy services in the form of Group Therapy.

Group counseling & therapeutic process:

Participating in group counseling can result in numerous benefits, including improving interpersonal relationships and resolving the concerns that led you to seek group counseling. Working toward these benefits, however, requires active involvement, honesty and openness on your part. Moreover, while group counseling is effective for many people and often leads to significant and lasting changes, there are some risks involved. Many people report discomfort during group counseling as they begin to look at areas in their life that aren't working or not working as well as they would like them to. Sometimes undesirable feelings can emerge as one considers unpleasant, difficult or embarrassing subjects. The facilitator or group may suggest new and different ways of handling situations that may trigger upsets for you. Attempting to resolve tensions between yourself and others may lead to changes that were not originally intended. Moreover, a decision that is positive for one person can be viewed quite negatively by another. Change can happen quickly; but more often it can be slow, and even frustrating. For some people, problems may get worse before they get better. It is also possible that group counseling does not work. Even so, many people find that group counseling is worth the difficulty it may entail leading them to the intended results they are seeking.

Confidentiality:

- Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.
- I agree to keep confidential the names of other members of the group and what is said in the group. As a member of this group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.
- I agree to indemnify and hold Rebecca Trent, LMFT of Rebecca Trent Counseling harmless for any loss or damages, including costs and attorney's fees, incurred by Rebecca Trent, LMFT of Rebecca Trent Counseling a result of my breach of another's confidentiality.
- Further information regarding these situations and my privacy rights has been provided in the

Rebecca Trent Counseling * Rebecca Trent, LMFT * 423.464.6633

9481 David Smith Lane, Suite 125

Ooltewah, TN 37363

Group Counseling Consent, Policies, and Agreement

Notice of Privacy Practices for Protected Health Information

I also understand that anything said in therapy is confidential, *except* for the following limitations:

- Child abuse and/or neglect (which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out, physical abuse, etc) (Florida statute 39.201),
- Vulnerable adult abuse or neglect (Florida statute 415.1034),
- Threats to harm oneself (Florida statute 413.341),
- Threats regarding harm to another person (Florida statute 413.341),
- A court subpoena, or
- My specific request, in writing, to disclose information regarding my psychotherapy to a third party.

* Please note that if you choose to send communications through text or email these communications are not protected and confidentiality cannot be assured.

Group Counseling Structure, Frequency & Guidelines:

- LIST HERE ...
- TIMES
- DATES
- STRUCTURE
- FREQUENCY
- LENGTH
- ATTENDANCE REQUIREMENT
- EXPECTATIONS/RULES
- GROUND RULES/AGREEMENTS FOR YOUR SPECIFIED GROUP
- CLOSED/OPEN
- ETC.

Payment/Fees:

INCLUDE PAYMENT & FEE EXPECTATIONS HERE. HOW, WHEN AND FOR HOW MUCH WILL GROUP MEMBERS BE CHARGED.

Emergencies:

It is necessary that Rebecca Trent, LMFT of Rebecca Trent Counseling has someone to contact on your behalf. In case of an emergency who should we contact?

**Rebecca Trent Counseling * Rebecca Trent, LMFT * 423.464.6633
9481 David Smith Lane, Suite 125
Ooltewah, TN 37363**

Group Counseling Consent, Policies, and Agreement

Full Name Relationship Phone Number(s)

Please check here that you agree and sign below. Thank-you.

I agree to allow Rebecca Trent, LMFT of Rebecca Trent Counseling to contact my emergency contact on my behalf should an emergency arise. _____
Signature Date

I understand that the therapist/facilitator is not available 24 hours a day and that in a crisis situation, I should call 911.

All participants, 18 years of age or older, are required to sign this agreement prior to attending a therapy/group counseling session. Minor children are invited, but not required, to sign this agreement.

Your signature on this agreement signifies that you have read, understood and are consenting to services provided by Rebecca Trent, LMFT of Rebecca Trent Counseling

By my signature below, I indicate that I have read carefully and understand the Group Consent, Policy and Agreements, and I agree to its terms and conditions. I have asked and had answered any questions I have concerning the Group, Consent, Policy and Agreements. I am aware signing the Agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

Printed Name	Signature	Date

Rebecca M. Trent, LMFT

Date

**Rebecca Trent Counseling * Rebecca Trent, LMFT * 423.464.6633
9481 David Smith Lane, Suite 125
Ooltewah, TN 37363**