

NORTH STATE COUNSELING

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Group Confidentiality Policy and Agreement- Informed Consent

All information disclosed within sessions and the records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. However, group therapy presents a unique challenge regarding confidentiality due to the involvement of several participants in a group session. Each group member attending group therapy sessions is required to attend an intake appointment in which the group confidentiality policy and agreement has been reviewed and signed.

Group members understand that they are prohibited from disclosing any information obtained through participation in the group regarding other participants. Participants agree to keep all conversations, events and the identity of any other participant in the program confidential. We realize that you may want to share what you are learning about yourself with another significant person in your life. This is fine as long as you do not talk about how events unfold in the group or in any other way that compromise the confidentiality of other group members.

LIMITS OF CONFIDENTIALITY:

- If you are a threat to yourself or others (showing suicidal or homicidal intent), your facilitator(s) may need to report your statements and/or behaviors to family, your primary therapist, or other appropriate mental health or law enforcement professionals in order to keep you and others safe.
- There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, reporting is not mandatory unless there are minors still living with the abuser, who may be in danger.
- Elder and dependent adult abuse is also required to be reported to the appropriate authorities.
- If a court of law orders a subpoena of case records or testimony, your facilitator(s) will first assert “privilege” (which is your right to deny the release of your records although this is not available in all states for group discussions). Your facilitator(s) will release records if a court denies the assertion of privilege and orders the release of records.
- Records may also be released with your written permission. Records will include only your personal progress in group—not information about other group members.
- Facilitators may consult with other professionals regarding group interactions. This allows a freedom to gain other perspectives and ideas concerning how best to help you reach your goals in group. No identifying information is shared in such consultations unless a release has been obtained from you as a group member.

WHAT TO EXPECT:

Group time consists of both teaching and processing time. Processing may revolve around an issue one member of the group is working on with time for structured feedback and reactions by other members of the group. At times the group may focus on a topic with all members participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself, your relationships, and the world around you. These dynamics provide a very powerful environment for change. Remember, the more you give of yourself during the sessions, the more you will receive. The more honest and open you are, the more you allow for insight and growth.

ATTENDANCE:

Your presence in group is highly important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group this dynamic suffers and affects the experience of you and other members of the group. Therefore, your facilitator(s) ask that you make this commitment a top priority for the duration of the group. It is understood that occasionally an emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your facilitator(s) before group begins to let them know you will not be present. We also ask members to give advance notice when they decide to leave a group. We ask this because each member of a group is important--your presence and your absence impact members and facilitators--and we want to allow time for members to process when members choose to leave.

FEES:

The fee for this group is \$25 per session. You are responsible for each session except in the case of a true emergency. Most groups offered will be eligible for reimbursement under Partnership Health Plan/Medi-cal. If you wish to submit your sessions for reimbursement through Partnership, please inform your group facilitator at intake.

I, _____, have read, understand and agree to the above confidentiality policy. I further agree to conduct myself in a way which shows mutual respect for myself, other participant and the facilitators. I agree to refrain from yelling, using inappropriate language, using violence and interrupting. I understand that if I violate the terms of this agreement it will result in my termination from the group.

Signature of Participant: _____ Date: _____

Signature of Therapist: _____ Date: _____