



## **Consent for Treatment in Group Therapy**

We want to welcome you to group therapy at Clear Sky Behavioral LLC. It is important that you first review the following information and policies. In order to start the next module, you will need to sign and date these forms and bring them with you to the first group meeting. **You may not begin group without these forms in place.** Please feel free to ask any questions you may have.

• **Your confidentiality is very important to us.** Your therapist will not acknowledge you as a client, or share any information with anyone about you without your prior written consent. Should you request that your therapist speak with another professional or person (i.e. doctors, current or former therapists, teachers, family, friends or anyone else outside of the therapy room), your therapist will first ask for your written consent. This form is called a **Consent to Share/Exchange Information** and must be completed prior to any confidential information being discussed with any other parties. It will be at your therapist's discretion to agree to discuss, consult, or meet with your requested party even with this written release in place as it may not support your healing process to do so.

• **In order to attend a group with Clear Sky Behavioral LLC, you must have a current assessment recommending Out Patient Therapy-Plus Services and you must be in receipt of residential services with Clear Sky Behavioral, LLC. There are no exceptions to this group requirement.**

• **What you disclose in group therapy is confidential. However, there are limits to confidentiality.** The therapists and staff at Clear Sky Behavioral LLC take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law.** Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with Clear Sky Behavioral LLC will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), your therapist could refer you for involuntary commitment via legal processes and make every attempt to warn the intended victim or victims. Additionally, if court ordered to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

### **Mandated Reporting of Incidents Involving Minors**

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under North Carolina law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

Should you choose to disclose that you have accessed child pornography of any kind (currently, recently, or in the past) during any of the following:

- a session with any therapist employed at CSB LLC
- via your client consent forms
- during an individual, group, or family session in the office
- via email, text, phone, regular mail
- or by any other means in or out of session

It is important for you to understand that **all therapists employed at Clear Sky Behavioral, LLC are mandated to report this to legal authorities.**

Please understand that we are mandated reporters of any sexual acts involving minors. This means that if any of the therapists or staff at CSB LLC learns of **any** incident involving minors and illegal sexual activity or abuse, **we are legally required to report this to the proper authorities.**

If you are a parent seeking family therapy at CSB LLC, and discuss with your therapist your concern over your minor teenager sexting OR exchanging nude or sexual pictures of herself/himself to his/her teenaged minor boyfriend/girlfriend, your CSB LLC therapist is mandated by law to report both minors to authorities under AB1775 for “knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.”

Additionally, if you share with your therapist that you are in a relationship with someone over the age of 18, with whom you are sexting or texting sexual or nude images to them your therapist is mandated by law to report this to the authorities.

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all therapists and staff at Growth Counseling Services.

**Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

• **Confidentiality when working with others you know:** There are occasions where your therapist from Clear Sky Behavioral LLC may provide therapy for someone you know in the CSB LLC practice – either for individual, group, or family therapy. Thus, what you share in group stays in group and is not discussed with your family member. If you ask for information regarding a person you know that is also a client of Clear Sky Behavioral LLC, this will not be discussed with any client unless there is a signed release of information in place from that person.

• **Secret Keeping:** If any therapist at Clear Sky Behavioral LLC works with you and also works with your family member in the CSB LLC practice your CSB therapist will not be placed in the role of a secret keeper.

For example: If you are both in group therapy, or one person is seen in individual therapy and one in group, and you reveal a secret that impacts the relationship in a significant way (i.e. an ongoing affair, continued acting out behaviors, risky sexual behavior, etc.) while this information is confidential and cannot be shared without your written permission, we will not be placed in the role of a secret keeper as it impacts the clinical trust in the therapeutic relationship.

In this case, your therapist will meet with you after group and discuss ways in which you can share this information with your family member/friend within a conjoint session with a signed release. It is also important to understand that if your family member reveals something in group that he/she chooses **not** to share with *you*, even with encouragement to do so, a therapist cannot force a client to share secrets, no matter how serious, and must uphold confidentiality (unless it falls under the limits of confidentiality as described above). Thus we will not be able to discuss this with you if we work together in individual, group, or family therapy and also work with your family in some other capacity within the practice.

• **Acknowledgment of Attendance:** Please sign here if Clear Sky Behavioral LLC may acknowledge your attendance in group to your guardian. Please note that acknowledging you does not give permission to share details or information from your group therapy:

Name of person you may acknowledge my attendance to is:

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Relationship to this person is:

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Guardian's Signature of Consent:

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**Group Agreement:**

- You agree to be free of drugs or alcohol during group therapy sessions.
- Recording (visually or audibly) in group is not permitted.
- You agree to miss no more than two group meetings per module. Should you miss more than this you could be asked to leave group.

1. **Confidentiality – What is said in group, stays in group**
2. **Put-ups not put downs – no insulting, encourage others**
3. **Right to pass – Participation is encouraged when you are ready**
4. **Respectful listening – One person talks at a time and we provide respect when they are talking.**
5. **Feelings happen – Feelings and emotions may be experienced. We show respect to others when feelings/emotions are present**
6. **Give it a try – We encourage open mind with activities and learning material**
7. **Show up and be present – No distractions during group therapy so we can all be in the present moment together.**

If you are unable to abide by the terms of the group agreement, are not able to respect boundaries, or the facilitator's direction and feedback, the therapist will speak with you to review the group rules and policies. If after discussing this with you, you continue to disrupt the group with disruptive behaviors, you will be asked to leave. A therapist is under no obligation to keep a client in group if they do not feel it is in the best interest of the client or the group process.

• **Cell Phones:** For family members attending sessions, we ask that you turn all electronic devices, cell phones and pagers completely off (this includes ringers, camera or video phones, music tones, and the vibrate, 'buzz' or silent mode, or flashing light mode), in order to respect the process and other group members during the 90 minutes we meet each week.

• **Group therapy sessions are weekly, and are scheduled in advance.** Each group therapy session is 60-90 minutes **and** begins and ends on time. Please arrive on time to respect the other group members. The group is closed at 8 members. You have a reserved spot in this group for 12 sessions. This means that you are agreeing to honor your commitment to the group process. We ask that you miss no more than 2 meetings in a module as this impacts the flow and bonding of group.

• **Contact:** Please respect the privacy of your group members in contacting one another via phone or email. Some group members prefer to maintain their privacy outside of group, while others welcome the contact. The best rule is to ask the group member what they prefer. If you should run into each other in public, please understand that not every group member may welcome contact outside of group depending on their individual circumstances. Please respect confidentiality boundaries.

**Please respect boundaries around frequent contacting of the group therapist outside of group.**

• **Meeting outside of group:** It is up to you if you choose to meet with one another outside of group. While you may bond with some members over others, please consider reducing cliques and exclusivity as part of your group experience. Please do not gossip or make suggestive statements or negative comments about your fellow group mates or group therapist. When in DOUBT, DON'T!

• **Professional Conduct:** Each member is welcome to discuss their work in group as it applies to their healing process. However, networking for business or soliciting other group members for business ventures, sales, etc. is not a part of therapy. Please refrain from doing this within group.

• **Group Homework:** On occasion exercises will be assigned in group. Homework is sent via email and you are responsible for printing and keeping track of your homework. The group therapist is not responsible for printing services. Some of the exercises may stir up feelings that are difficult for you. You are asked to participate to your comfort level and keep the group therapist abreast of any difficult or challenging feelings that arise.

If you are triggered by a particular reading assignment or exercise, please set the homework aside until you speak to the group therapist and/or your own therapist. Each person will have his or her own experience with group assignments. Some members may enjoy a particular exercise, book, article and such, while others may not.

Your honest experience with exercises, assignments, and reading is important and valuable, however, please refrain from making ongoing derogatory statements about the homework or exercises while reflecting in group as this may bring up shame for others, and may impact their willingness to share openly if they had a more positive experience with the homework. A group book will be assigned each module. This is your responsibility to purchase and to stay on top of the reading.

• **Profanity or Slurs:** Please express yourself appropriately and with limited profanity as profanity may be triggering to certain group members who have early trauma with respect to a parent's use of profanity. It is understandable that some profanity may occur and the group therapist makes room for this, however, regular ongoing use of profanity will not be accepted, or language that is vulgar, triggering, hurtful or demeaning to others (i.e. ethnic insults, sexual orientation slurs, gender or racial slurs, or offensive spiritual remarks) will not be tolerated.

• **Spirituality:** It is important to note that not everyone in group will share your spirituality or religious beliefs and practices. Clients attending group may be of many different faiths, or may not have a formal religion at all. Please do not assume your higher power is the same for each member. Additionally, some individuals have spiritual and religious trauma. While you are welcome to discuss your faith, your God, and/or your spiritual path, please do so with sensitivity and respect the boundaries of others.

• **Non Discrimination:** Clear Sky Behavioral LLC does not discriminate on the basis of race, sexual orientation, religion, or for any other reason. We welcome into our groups many different individuals from many different backgrounds. We do not tolerate racial, religious or sexual orientation slurs or insults. Doing so is a form of bullying and is not tolerated. We seek to create safety and connection in group and ask that you refrain from this kind of behavior.

• **Group Focus:** Please respect the boundaries of other group members and the facilitating therapist. Group therapy is about growth, insight building, challenging self, and healing. Feedback from group members is to be framed with truth, respect and affirmations. Advice is not feedback. Redirecting back to you is not feedback.

Refrain from behavior that will impede the flow of group such as: complaining at length, sarcastic remarks, tardiness, multiple absences, going on at length, frequent interruptions, challenging other members or the leader in an aggressive manner, silence, passive aggressive comments, refusing to receive or give feedback, negative criticisms, and/or monopolizing time during your share.

• **Group Process:** We typically start each group with highs and lows of the week. This means that you will be asked to share ONE high and ONE low from your week and to be open to feedback from the group. This is not the time to discuss at length all of your highs and lows of the weeks, please choose one of each to bring into group so that each person has a chance to share and to receive feedback and so that the group has time for the exercise processing. If you tend to run over, the group therapist will ask you to wrap up your share time.

• **Group Feedback:** The group therapist will give you clinical feedback both within group and periodically outside of group in order to help support your process. This feedback is an important part of the group experience. When you are receiving feedback, please do not interrupt the group therapist or another group member unless you are feeling highly triggered by this feedback.

• **Terminating Group:** Because of the bonding aspect of group, if you are unable to finish a module due to an unforeseeable crisis or emergency, we will reserve a spot for this module in an upcoming session.

There are many reasons why a group therapist may refer a client out of the group including: The client has received what he or she needs from the group, the client is breaking group rules, the client is no longer participating in group in a way that supports the client's growth or the group, the client is missing groups, the client has met their group goals, the group no longer serves the needs of the client.

If you are referred out of group and/or you are not asked to move forward into the next module, please understand that this is a clinical decision and in the best interest of your healing process and that of the group. We will do our very best to provide you with other support referrals that may include 12-step or individual therapy. If you choose not to move forward to the next module, the group therapist does not personalize this decision.

**Emergency Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

Are there any physical or mental health issues that your group leader needs to be aware of? If so, list here:

Is there anything else that will be important for your group therapist to know? If so, list here:

**PLEASE REVIEW, SIGN AND DATE THE FOLLOWING PAGE AND BRING THESE FORMS TO YOUR FIRST GROUP MEETING. YOU MAY NOT BEGIN GROUP WITHOUT THE SIGNED AND DATED FORMS. THESE FORMS WILL COVER ALL GROUPS AND MODULES FROM THE SIGNED DATE FORWARD UNTIL TERMINATION AT A FUTURE DATE/MODULE.**

I, \_\_\_\_\_ consent to treatment in Group Therapy with Clear Sky Behavioral LLC.

- I recognize that any information I hear within the group revealed to me by other clients is strictly confidential. I agree not to disclose the name of or any information related to any member of the group to anyone outside the group. Such a violation of this trust will result in immediate termination from the group.
- I agree to follow the rules of group as outlined on the intake form. I understand the limits of confidentiality as outlined in the Group Policy Form. I understand that a therapist is a mandated reporter of abuse.
- I understand that if I am unable to respect the boundaries of the group, I will be asked to leave. I understand and agree to respect the therapist's clinical direction. I further understand that even if I abide by all the policies and group rules, I may be referred out of group after the module ends to another group or another form of therapy outside of CSB LLC as determined by the group therapist. I understand that this is not a personal statement about me; rather it is a clinical direction by the group therapist in what best supports my clinical needs.
- I understand that my therapist will not be placed in the position of a secret keeper. If my group therapist works with a family member in some other capacity at CSB LLC, and I reveal a secret in group that could impact them, I agree to work with my CSB LLC therapist to reveal this information in a clinical session.

**If you have any questions please discuss this with your group therapist. Your signature indicates you understand and agree to group policies, limits of confidentiality, group rules, fees, attendance, termination, and referral out of group.**

*I have read, understand, and agree to the above clinical policies:*

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Name (printed): \_\_\_\_\_