Valiant Path Counseling Consent Form

PLEASE READ THROUGH THE INFORMATION BELOW AND FEEL FREE TO ASK ANY QUESTIONS. ONCE YOU ARE READY TO PARTICIPATE, PLEASE SIGN THIS INFORMED CONSENT FORM BELOW INDICATING THAT YOU HAVE READ THE INFORMATION AND ARE PROPERLY INFORMED ABOUT GROUP THERAPY. FOR SIMPLICITY, ALL GROUP SERVICES WILL BE REFERRED TO AS "GROUP" UNLESS OTHERWISE SPECIFIED.

CONFIDENTIALITY

CONFIDENTIALITY IS A COLLECTIVE RESPONSIBILITY OF ALL GROUP MEMBERS AND FACILITATORS, AND IS A NECESSARY COMMITMENT FOR CONTINUED PARTICIPATION IN THE GROUP. YOUR GROUP FACILITATORS ARE ETHICALLY AND LEGALLY BOUND TO MAINTAIN YOUR CONFIDENTIALITY AND WILL NOT RELEASE YOUR INFORMATION TO ANYONE OUTSIDE OF THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (CCPS) WITHOUT YOUR WRITTEN PERMISSION. LEGAL AND ETHICAL EXCEPTIONS TO CONFIDENTIALITY INCLUDE: 1) BEING IN IMMINENT DANGER OF HARMING YOURSELF OR SOMEONE ELSE; 2) KNOWLEDGE OR SUSPICION OF CURRENT AND ONGOING CHILD ABUSE OR DEPENDENT ADULT ABUSE; AND 3) LEGAL MANDATES, SUCH AS SUBPOENAS OR COURT ORDERS.

WHILE GROUP FACILITATORS ARE LEGALLY AND ETHICALLY REQUIRED TO MAINTAIN YOUR CONFIDENTIALITY, EXCEPT AS REQUIRED BY LAW, GROUP FACILITATORS CANNOT GUARANTEE THAT OTHER GROUP MEMBERS WILL NOT SHARE YOUR INFORMATION WITH OTHERS. THUS, CONFIDENTIALITY AMONG GROUP MEMBERS IS BASED ON MUTUAL TRUST AND RESPECT. BY SIGNING THIS FORM, I AGREE TO MAINTAIN THE PRIVACY OF MY FELLOW GROUP MEMBERS. THIS INCLUDES, BUT IS NOT LIMITED TO, NAMES, PHYSICAL DESCRIPTIONS, MEDICAL INFORMATION, AND SPECIFICS OF THE CONTENT OF INTERACTIONS WITH OTHER GROUP MEMBERS.

Consent Form Cont.

TECHNOLOGY

OUR VERSION OF ZOOM MEETS HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA") STANDARDS OF ENCRYPTION AND PRIVACY PROTECTION, BUT WE CANNOT GUARANTEE PRIVACY. IN ORDER TO PARTICIPATE IN GROUP TELETHERAPY, YOU MUST HAVE ACCESS TO THE FOLLOWING: 1) A SECURE AND STABLE INTERNET CONNECTION; AND 2) A LAPTOP, COMPUTER, TABLET, OR MOBILE DEVICE CAPABLE OF VIDEOCONFERENCING. IN ADDITION, WE ASK THAT YOU KEEP YOUR CAMERA TURNED ON FOR THE DURATION OF EACH GROUP SESSION, UNLESS YOU NEED TO STEP AWAY TEMPORARILY (E.G. USE THE RESTROOM). RECORDING OF GROUP SESSIONS IS PROHIBITED.

ADDITIONAL RESPONSIBILITIES AS A GROUP MEMBER

• PRIVACY: YOU MUST HAVE ACCESS TO A PRIVATE AND QUIET SPACE FOR EACH GROUP SESSION IN ORDER TO MAINTAIN PRIVACY AND MINIMIZE INTERRUPTIONS.

• COMMITMENT: PARTICIPATION IN GROUP REQUIRES A STRONG AND STEADY COMMITMENT TO ENSURE COHESIVENESS. WITH THIS IN MIND, WE ASK YOU TO AGREE: 1) TO ATTEND WEEKLY; 2) TO PRIORITIZE GROUP SESSIONS IN YOUR SCHEDULE; AND 3) TO NOTIFY GROUP FACILITATORS ABOUT YOUR ABSENCE AS SOON AS YOU ARE ABLE.

• PUNCTUALITY: GROUP WILL START AND END ON TIME. YOUR PUNCTUALITY IS CRUCIAL TO GROUP RUNNING SMOOTHLY, SO PLEASE ARRIVE ON TIME AND STAY THE ENTIRE SESSION.

• ENGAGEMENT: YOUR FACILITATORS AND FELLOW GROUP MEMBERS EXPECT YOUR FULL PARTICIPATION AND ENGAGEMENT DURING GROUP. THIS HELPS ENSURE THAT GROUP FEELS SAFE AND SUPPORTIVE FOR ALL INVOLVED. PLEASE SILENCE OR TURN OFF YOUR CELL PHONE AND MINIMIZE OTHER DISTRACTIONS (E.G. SCHOOLWORK, SOCIAL MEDIA, EMAIL, ETC.) WHILE YOU ARE PARTICIPATING IN GROUP. YOU ARE IN CONTROL OVER HOW MUCH YOU SPEAK OR SHARE WITH THE GROUP.

Consent Form Cont.

EMERGENCIES/CRISIS

IF YOU ARE IN CRISIS
IF YOU ARE FEELING SUICIDAL OR IN NEED OF EXTRA SUPPORT, PLEASE SHARE IN GROUP OR WITH YOUR GROUP THERAPIST AFTERWARDS.
FOR GROUP TELETHERAPY ONLY: IT IS IMPORTANT THAT WE CAN GET YOU HELP IN THE CASE OF AN EMERGENCY. IN ORDER TO PARTICIPATE IN GROUP TELETHERAPY, GROUP FACILITATORS NEED TO KNOW YOUR PHYSICAL LOCATION AND CONTACT INFORMATION FOR A PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY:
CONSENT FOR GROUP THERAPY AND TELETHERAPY

PAYMENTS/FEES

PAYMENT FOR GROUP SESSIONS WILL BE COMPLETED PRIOR TO THE BEGINNING OF EACH GROUP SESSION, NO EXCEPTIONS, NO REFUNDS WILL BE GIVEN IF YOU MISS A SESSION. A SUPER BILL WILL BE PROVIDED UPON REQUEST TO CLIENTS WHO INQUIRE. PLEASE GIVE 7 BUSINESS DAYS TO RECEIVE THE SUPER BILLS. SUPER BILLS CAN BE SUBMITTED TO YOUR INSURANCE FOR POSSIBLE REIMBURSEMENT BUT IS NOT GUARANTEED,

RISKS/BENEFITS

GROUP THERAPY CAN PROVIDE MANY BENEFITS, SUCH AS CONNECTING WITH OTHERS WHO SHARE SIMILAR STRUGGLES, FEELING LESS ISOLATED, LEARNING NEW COPING SKILLS, AND GAINING SUPPORT IN A SAFE, NONJUDGMENTAL ENVIRONMENT. THE GROUP SETTING MAY ALSO BUILD SELF-AWARENESS, ACCOUNTABILITY, AND CONSISTENCY, WHICH CAN REDUCE ANXIETY AND STRESS. HOWEVER, THERE ARE SOME RISKS TO CONSIDER. TALKING ABOUT PERSONAL ISSUES MAY BRING UP STRONG EMOTIONS, AND WHILE CONFIDENTIALITY IS EXPECTED, IT CANNOT BE ABSOLUTELY GUARANTEED. THERE MAY BE TECHNOLOGY ISSUES THAT MAY ARISE AS WELL THAT CAN CAUSE A DELAY IN THE OBJECTIVES OF THE GROUP. MISSED SESSIONS MAY AFFECT BOTH YOUR EXPERIENCE AND THE GROUP DYNAMIC, AND GROUP THERAPY IS NOT A SUBSTITUTE FOR CRISIS SERVICES.

Consent Form Cont.

BY SIGNING THIS CONSENT FORM, I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT DUE TO THE NATURE OF THE SESSION, CCPS CANNOT GUARANTEE THAT INFORMATION SHARED IN THE GROUP THERAPY AND/OR GROUP TELETHERAPY SESSIONS WILL BE KEPT CONFIDENTIAL.

2. I WILL NOT RECORD, (VIDEO, AUDIO OR SCREEN SHOT) ANY PORTION OF THE GROUP THERAPY AND/OR GROUP TELETHERAPY SESSIONS AND UNDERSTAND THAT DOING SO IS STRICTLY PROHIBITED. I UNDERSTAND THAT I MAY BE DISMISSED FROM THE GROUP FOR DOING SO.

3.I AGREE TO MAINTAIN THE CONFIDENTIALITY OF OTHER GROUP MEMBERS. I WILL NOT DISCLOSE NAMES OR OTHER IDENTIFYING INFORMATION ABOUT GROUP MEMBERS AND WILL NOT DISCUSS PERSONAL ISSUES OR EXPERIENCES OF OTHER GROUP MEMBERS OR SHARE THIS INFORMATION ON ANY SOCIAL MEDIA.

4.I AGREE THAT I WILL NOT POST INFORMATION OR PICTURES THAT NAME OR SHOW ANY GROUP MEMBERS ON SOCIAL MEDIA.

5.I HAVE CAREFULLY READ, UNDERSTAND, AND AGREE TO ALL OF THE CONDITIONS CONTAINED IN THIS CONSENT FORM.

ACKNOWLEDGEMENT AND CONSENT: I HAVE READ AND UNDERSTAND THIS CONSENT. I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT GROUP THERAPY AND TELETHERAPY SESSIONS AND MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. THE RISKS, BENEFITS AND ALTERNATIVES OF GROUP THERAPY AND TELETHERAPY SESSIONS HAVE BEEN EXPLAINED TO ME. I HEREBY UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND CONSENT TO PARTICIPATE IN GROUP THERAPY AND TELETHERAPY SESSIONS AS DESCRIBED IN THIS DOCUMENT.

Signature _____ Date _____