

GROUP INFORMED CONSENT AND PATIENT RESPONSIBILITIES

The benefits from group therapy can be many. Enhancement of basic social skills (reading facial expressions/body language, engaging peers, impulse control, decision making skills, etc.), increased awareness of how the social consequences of one's behavior, better coping skills (anger management, frustration tolerance, etc.) and a sense of validation amongst peers are all possible outcomes. Group psychotherapy may involve the risk of remembering unpleasant events or trigger negative reactions and arouse intense emotions of anxiety, sadness, anger and depression. Also, there are potential unpleasant interactions with peers in the group. The facilitator will do everything possible to ensure a safe and learning environment for your child.

Within certain limits, information revealed by participants in group therapy will be kept strictly confidential by the therapist and will not be revealed to any person outside of the group or to any outside agency without your written permission. An inherent risk with group psychotherapy is the confidentiality of information disclosed, as all group members verbally agree to hold information disclosed as confidential but law and ethics do not bind this agreement. Typically, insurance coverage requires that the dates of treatment, fees and diagnosis be disclosed. **There are certain situations in which, as a psychologist, I am required by law to reveal information obtained during any form of therapy to other persons or agencies.** These situations are as follows: 1) if you are a threat of grave bodily harm or death to self or another person, 2) if I become aware of a situation of neglect or harm of a minor or an elderly individual, 3) if a court of law issues a legitimate subpoena, and/or 4) you are a court-referred client. If I believe there is risk of you harming someone else or self-inflicting harm, I am not mandated, but have an ethical responsibility to give this information to appropriate persons in order to obtain the best care for you and those you may harm. Additionally, information may be shared with others therapists associated with this corporation and/or with supervisors, all of whom are bound by the same confidentiality laws. Administrative staff of the corporation and external accountants hired will have access to administrative and bookkeeping information. Although the parent of a minor is the "holder of privilege," disclosing the content of sessions with minors to parents tends to undermine therapy. Reporting to parents is kept to general progress/issues or if the minor is involved in dangerous or harmful activities.

Group therapy expenses are your responsibility regardless of insurance coverage. Group therapy fees are \$80 per-week for each week of a group cycle, unless otherwise specified. **Due to the nature of group therapy, group fees are to be paid in full prior to the commencement of group sessions unless otherwise specified (i.e. \$640 unless otherwise specified).** Checks are to be made out to "Fulton Psychological Group." Payment ensures reserved placement in an age appropriate group as well as consistency among group members throughout the duration of the group cycle to enhance the group therapy process/experience. Monthly invoices will be provided upon request so that you may attempt to receive reimbursement from your insurance company. Prorating is not available due to limited group space and the need to assure reserved placement for each group member at each group session. No Shows and Late Cancellations will be charged the full weekly group fee (\$80). In the event of non-payment a collection agency or small claims court may be utilized, and you will be responsible for reasonable collection fees. Group therapy meetings range from 45 minutes to 1 hour 15 minutes depending on participants' age. Groups cancelled due to a therapist's absence or a therapeutic emergency, all efforts will be made to notify group members in advance or another therapist from the practice will cover the group.

A licensed psychologist, psychological associate, LMFT and/or AMFT may conduct groups. A licensed psychologist will provide supervision to all psychological associates and AMFT's. If there are any concerns or questions regarding psychological associates or AMFT's please contact Dr. Christopher Fulton at (818) 591 – 3000 ext. 111.

By signing this Group Informed Consent and Patient Responsibilities form I am acknowledging that I have read and understand the above explanations regarding informed consent, confidentiality, and patient responsibilities. I agree to enter/have my child enter a group psychotherapy relationship under the terms outlined in this form.

Patient/ Group Participants Name: _____ Date: _____

Parent Signature (if group participant is a minor): _____