

North Texas Counseling Associates

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INFORMED CONSENT—GROUP COUNSELING

Welcome to your group experience!

Group counseling can be a powerful and valuable venue for healing and growth. It is the desire of your group facilitator(s) that you reap all the benefits group has to offer. To help this occur, groups are structured to include the following elements:

- A safe environment in which you can feel respected and valued as you work
- An understanding of group goals and group norms
- Investment by both your facilitator(s) and members to produce a consistent group experience

A SAFE ENVIRONMENT

A safe environment is created and maintained by both the facilitator(s) of a group and its members. Primary ingredients are mutual respect and a chance to create trust. Another primary ingredient for a safe environment has to do with confidentiality. Your group facilitator(s) are bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group.

LIMITS OF CONFIDENTIALITY:

- If you are a threat to yourself or others (showing suicidal or homicidal intent).
- Physical or sexual abuse of a child will be reported to Child Protective Services.
- Elder abuse is also required to be reported to the appropriate authorities.
- If a court of law orders a subpoena of case records or testimony.
- Records may also be released with your written permission.

OTHER SAFETY FACTORS:

- Members of a group may not use drugs or alcohol before or during group
- Members of a group should not engage in discussion of group issues outside of group
- Members of group should remember that keeping confidentiality allows for an environment where trust can be built and all members may benefit from the group experience
- Your group facilitator(s) will monitor discussions and maintain a respectful environment to keep safety and trust a priority

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) would 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.

Because it usually takes several group sessions for clients to "settle in" and receive the full benefits a therapy group provides, we ask incoming members to make a 10-week commitment when they join a group (except for time-limited groups). We also ask members to give a 3-week notice when they decide to leave a group. We ask this because each member of a group is important--your presence and your absence impacts members and facilitators--and we want to allow time for members to process when members choose to leave.

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 verbally 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 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.

FEES

The fee for this group is \$_____ per 60-minute session. You are responsible to pay for each session except in the case of a true emergency. When a client is a minor, counseling fees are the responsibility of the parent/parents or legal guardian. If minor attends session alone, payment must be sent with them or we must have a credit card on file.

Name of Group: _____ Date: _____

Group Member Signature:

Parent/Legal Guardian Signature:

Child/Adolescent Client Form

Today's Date:	Completed By: <input type="checkbox"/> Self <input type="checkbox"/> Other (Name and Relationship):
Referred by:	

CHILD/ ADOLESCENT INFORMATION			
Name:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Age:
Street Address:		Home Phone:	
City, State, Zip:		Cell Phone:	
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:			

PARENT/GUARDIAN INFORMATION	
Mother Name:	Father Name:
Street Address (if different):	Street Address (if different):
City, State, Zip:	City, State, Zip:
Cell/Home Phone:	Cell/Home Phone:
Work Phone:	Work Phone:
Email:	Email:
Occupation:	Occupation:
Marital Status of Biological Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
*Annual Household income:	

EMERGENCY CONTACT	
Name:	Relationship:
Home Phone:	Cell Phone: