

South Coast Psychiatry Group Therapy Treatment Consent Form

Welcome to your Group Therapy experience at South Coast Psychiatry!

South Coast Psychiatry is proud to offer research-based, concierge, small groups meant to augment your individual or other therapy(ies), in order to help you move forward with their lives. As data increasingly shows the benefit of human interaction in growth and healing, we are excited to enhance our offerings to patients with evidence-based groups, taught by clinicians with expertise in each of the areas in which they are leading groups. Your Group Therapist hopes to be able to work with your individual therapist or doctor as part of your treatment team, and looks forward to building a support team for you that includes your fellow group members, as well as the members of your clinical team. At South Coast Psychiatry, you will find a new home for your emotional care needs.

You will also be given reading materials and references to continue your reading and learning outside of the Group, and to give you opportunities to continue your journey in between sessions. Your therapist/clinician will be a valuable resource to help you identify the latest evidence-based approaches to addressing the Group Therapy topic, and will consistently utilize these in group sessions.

A SAFE ENVIRONMENT

A safe environment is created and maintained by both the Therapist(s) of a group and its members. Mutual respect and a chance to create trust are important prerequisites. Another primary ingredient for a safe environment has to do with confidentiality. Your group Therapist (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), your Group Therapist (s) may need to report your statements and/or behaviors to family, your Psychiatrist, or other appropriate mental health or law enforcement professionals in order to keep you and others safe.

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 Therapist (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 Therapist (s) would ask that you make your group therapy commitment a top priority for the duration of the group. It is understood that not everyone can attend every group session for various reasons. We request a 48 business hour notification, or you will be charged for the missed group. Emergency situations will be considered on a case by case basis. We allow patients to "try out" a group by auditing a session to make sure it is the right fit for them. After this, we encourage people to remember that it usually takes several group sessions for clients to "settle in" and receive the full benefits a therapy group provides. Continuity, commitment and engagement are the essential components that help clients form the most cohesive groups, and individuals make the most progress.

WHAT TO EXPECT

Group time consists of both teaching and processing time. Your therapist/clinician will play an instrumental role as teacher, facilitator, therapist, clinician and resource for evidence based approaches for the topic of the group. You will likely be given a binder or a workbook, utilizing the latest research-based approaches to facilitating progress in the group. Your therapist/clinician will utilize these techniques along with the group processing experiences to help encourage group cohesion, continued advancement and healing, as well as individual growth. 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 Group Therapy is **\$125-\$150 per 90 minute session**, depending on which group therapy you are in. If you wish to pre-pay for your sessions in advance, and are willing to commit to a month's worth of sessions (4) sessions, in advance, you can pre-pay at a rate of \$400-\$500/month (again, depending on which group you are in). Otherwise, **you are responsible to pay for each session on the day the session is held.** **If you do not show up to a session without giving 48 business hours noticed you will be charged.** You will be required to fill out a credit card form to keep on file to bill for the sessions. If you miss a session, you will be still be able to continue in the group, as long as you remain committed. If you miss more than 4 consecutive sessions, your Therapist/Clinician will have the right to discharge you from the group. 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.



CONSENT

Please fill out the top and bottom of this form. The bottom portion of the form is for your records and the top portion of the form will be kept in your file. Thank you!

Group Consent Form for South Coast Psychiatry

I have read the above information, understand the information, and agree to the terms of group Participation, including any prepaid commitment I am engaging in for the Group Therapy.

Signature of Group Member/Guardian:

_____ Date: _____

Printed Name of Group Member (include printed name of Guardian, if applicable):

Signature of Therapist/Clinician(s):

_____ Date: _____

CLIENT'S COPY

I have read the above information, understand the information, and agree to the terms of group Participation, including the any prepaid commitment I am engaging in for the DBT Group Therapy.

Signature of Group Member/Guardian:

_____ Date: _____

Printed Name of Group Member (include printed name of Guardian, if applicable):

Signature of Therapist/Clinician(s):

_____ Date: _____