



☎ (603) 865-1321
 fax (603) 865-1327
 www.ca-mh.com

Group Informed Consent and Patient Responsibilities

The benefits of group therapy can be extensive. These may include:

- *Enhancement of social skills*
- *Increased awareness of how one's behaviors impact relationships*
- *Development of improved coping skills*
- *A sense of validation among peers*

In addition to these and other benefits, there may be some risks. For example, clients may, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, or other feelings. Also, as we are all individuals in family and social systems, changes for ourselves are also changes within these systems. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is no guarantee that this therapy will lead to the desired results.

Within certain limits, information revealed by participants in group therapy will be kept strictly confidential by the group facilitator(s) and will not be revealed to any person outside of the group or to any outside agency without your written permission. While all group members will both verbally and in writing agree not to share information from and about the other group participants, law and ethics do not bind this for group members.

In general, law protects the privacy of all communications between group therapists and clients. We can only release information about your work here with your written permission. But there are a few exceptions. These situations are not common. If they do arise, we will make every effort to fully discuss the issue with you prior to taking any action.

- In most legal proceedings you have the right to prevent us from providing any information about your treatment. The receipt of a subpoena alone without your consent to release information does not override the confidentiality requirement. A judge may issue a court order and require us to provide records or testimony.
- There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about the client's treatment. For example, if there is reason to suspect that a child, an elderly person, or a disabled person is being abused or neglected, we are required to make a report to the appropriate state agency.
- If we believe a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- If participants threaten to hurt themselves, the group therapist(s) may be obligated to seek hospitalization or arrange for an adequate safety plan with the clients' families or supports.
- In order to meet the highest standards of care as well as comply with mandates of state licensure, we may occasionally find it helpful to consult other professionals regarding a case. Your group therapist(s) participates in regular consultation meetings with Counseling Associates' colleagues.
- Records may also be subject to audit by regulatory authorities or insurance companies.

Counseling Associates of New London, PLLC operates in six New Hampshire locations:

New London 35 Newport Road New London, NH	Newport Newport Health Center 11 John Stark Highway Newport, NH	Claremont 251 Elm Street & 9 Dunning St. Suite A Claremont, NH	Upper Valley 2 Buck Road Suite J Hanover, NH	Hanover Nugget Building 53 S. Main St. Suite 206 Hanover, NH	Plymouth 144 Highland Street Plymouth, NH	Telehealth Zoom or Telephone Throughout NH/VT
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Group therapy expenses are your responsibility. Group fees or copays are due either prior to the commencement of the group series or prior to the beginning of each session, depending on the group format. Checks are to be made out to “*Counseling Associates.*”

Group therapy meetings range from 45 minutes to 2 hours depending on the group. Consistency among group members and attendance at each scheduled group throughout the duration of the group cycle is vital to the group therapy process, experience, and logistics. For this reason, **there is a \$20 charge for each group therapy session missed or canceled by a group member.** If you are or have been a client at Counseling Associates, please note that this differs from our cancellation policy for individual sessions. The group member is responsible for this charge and this charge is not billable to insurance.

Should cancellation of group be required due to a clinician absence or a therapeutic emergency, all efforts will be made to notify group members in advance or another therapist will cover the group.

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 therapy relationship under the terms outlined in this form.

Patient/Group Participants Name: _____

Patient/Parent Signature: _____

Date: _____

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