
ROGERS FAMILY & SELF-CENTERED THERAPIES

"IT'S ALL ABOUT YOU, YOUR SELF & WHY. FROM YOUR POINT OF YOU."

TIMOTHY ROGERS, MA, LMFT

LICENSED PSYCHOTHERAPIST MFC101500

16133 VENTURA BLVD., ENCINO, CA 91436 (424) 239-8495

CONSENT FOR TREATMENT IN GROUP THERAPY

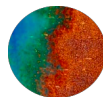
CONFIDENTIALITY

CONFIDENTIALITY COMMITMENT: YOU HAVE THE RIGHT TO CONFIDENTIALITY AND PRIVACY BY THE GROUP LEADERS AND OTHER GROUP MEMBERS. CONFIDENTIALITY WITHIN THE GROUP SETTING IS A SHARED RESPONSIBILITY OF ALL MEMBERS AND LEADERS. WHILE GROUP LEADERS MAY NOT DISCLOSE ANY CLIENT COMMUNICATIONS OR INFORMATION EXCEPT AS PROVIDED BY LAW, GROUP MEMBERS' COMMUNICATIONS ARE NOT PROTECTED. AS SUCH, CONFIDENTIALITY WITHIN THE GROUP SETTING IS OFTEN BASED ON MUTUAL TRUST AND RESPECT.

I TAKE CONFIDENTIALITY VERY SERIOUSLY. AS A LICENSED PSYCHOTHERAPIST I ADHERE TO PROFESSIONAL, LEGAL, AND ETHICAL GUIDELINES OF CONFIDENTIALITY ESTABLISHED BY PROFESSIONAL ORGANIZATIONS AND STATE LAW. LEGAL AND ETHICAL EXCEPTIONS TO CONFIDENTIALITY INCLUDE: A CLEAR OR PRESENT DANGER TO HARM YOURSELF OR ANOTHER, KNOWLEDGE OF THE ABUSE OR NEGLECT OF A MINOR CHILD OR INCAPACITATED ADULT, OR RESPONSES TO A COURT SUBPOENA OR AS OTHERWISE REQUIRED BY LAW.

WHAT YOU DISCLOSE IN GROUP THERAPY IS CONFIDENTIAL. HOWEVER, THERE ARE LIMITS TO CONFIDENTIALITY AND WHILE YOUR INFORMATION IS CONFIDENTIAL, THERE ARE EXCEPTIONS WHEN INFORMATION RELATING TO CHILD ABUSE, OR SUSPECTED CHILD ABUSE, CHILD PORNOGRAPHY, ELDER ABUSE, DEPENDENT ADULT ABUSE, OR INTENT TO HARM SELF OR OTHERS, OR UNLESS MANDATED BY A COURT OF LAW. LEGALLY, THERAPISTS ARE MANDATED REPORTERS OF ABUSE OR INTENT TO HARM ANOTHER. IF YOU ARE SUICIDAL OR HOMICIDAL, I WILL TAKE ALL REASONABLE STEPS TO PREVENT HARM TO YOU OR ANOTHER.

IF YOU ARE HOMICIDAL AND MAKE A SERIOUS THREAT TO HURT ANOTHER PERSON(S), I WILL CONTACT 911 AND MAKE EVERY ATTEMPT TO WARN THE INTENDED VICTIM OR VICTIMS.



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ADDITIONALLY, IF COURT ORDERED TO RELEASE RECORDS (FOR EXAMPLE A DIVORCE HEARING OR CUSTODY HEARING), I MUST ABIDE BY THE COURT ORDER AND MAY BE COMPELLED BY COURT ORDER TO TESTIFY UNDER OATH AND THUS MUST ANSWER ALL QUESTIONS HONESTLY.


MANDATED REPORTING OF INCIDENTS INVOLVING MINORS


A MINOR IS DEFINED AS ANY PERSON WHO IS LEGALLY PROVEN TO BE UNDER THE AGE OF 18.

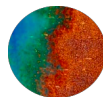
I AM LEGALLY OBLIGED UNDER CALIFORNIA LAW TO REPORT TO THE APPROPRIATE AUTHORITIES ANY INSTANCE WHERE A CLIENT DISCLOSES THAT THEY HAVE ACCESSED, STREAMED, OR DOWNLOADED MATERIAL THROUGH ANY ELECTRONIC OR DIGITAL MEDIA DEPICTIONS WHERE A CHILD IS ENGAGED IN AN OBSCENE SEXUAL ACT.

SHOULD YOU CHOOSE TO DISCLOSE THAT YOU HAVE ACCESSED CHILD PORNOGRAPHY OF ANY KIND (CURRENTLY, RECENTLY, OR IN THE PAST) DURING ANY OF THE FOLLOWING:

-  A SESSION WITH ANY THERAPIST EMPLOYED AT ROGERS FAMILY THERAPY VIA YOUR CLIENT CONSENT FORMS**

-  AN ASSESSMENT TOOL THAT IS ADMINISTERED AS PART OF YOUR TREATMENT, SUCH AS THE SDI (SEXUAL DEPENDENCY INVENTORY), OR VIA OTHER ASSESSMENT TOOLS (SUCH AS THE SAST OR SEX ADDICTION ASSESSMENT TOOL) THAT ARE ADMINISTERED BY THERAPISTS WITH HERE.**

-  DURING AN INDIVIDUAL, GROUP, OR COUPLES SESSION IN THE OFFICE+ VIA EMAIL, TEXT, PHONE, REGULAR MAIL OR BY ANY OTHER MEANS IN OR OUT OF SESSION**



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THE CONTINUED PARTICIPATION BY EACH PERSON IS VOLUNTARY. EITHER PARTICIPANT MAY SUSPEND OR TERMINATE THE THERAPY AT HIS INDIVIDUAL REQUEST.

LIKewise, AS THERAPIST I MAY FIND IT CLINICALLY NECESSARY TO TERMINATE THE WORK OF GROUP THERAPY, HOWEVER A COMMITMENT TO DISCUSS THOSE CLINICAL REASONS WILL BE MADE BY ME SHOULD THE NEED ARISE.

AGREEMENT & COMMITMENT TO SELF

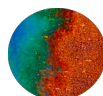
AS A VOLUNTEERED, MATURE AND SIGNIFICANT CONTRIBUTING MEMBER OF THIS GROUP, I COMMIT TO ADHERING TO THE FOLLOWING AGREEMENTS AND ANY AGREEMENT LOGICAL OR REASONABLE THAT MAY EFFECT MY AND/OR ANOTHER PERSON'S SENSE OF EMOTIONAL AND PHYSICAL SAFETY, BUT IS NOT MENTIONED HERE.

PLEASE CHECK EACH BOX NEXT TO THE AGREEMENT. BY DOING SO YOU ARE STATING THAT YOU HAVE READ AND FULLY UNDERSTAND THE EXPECTATIONS OF YOUR PARTICIPATION IN THIS GROUP.

I AGREE TO NOT DISCLOSE TO ANYONE OUTSIDE THE GROUP ANY INFORMATION THAT MAY HELP TO IDENTIFY ANOTHER GROUP MEMBER. THIS INCLUDES, BUT IS NOT LIMITED TO, NAMES, PHYSICAL DESCRIPTIONS, BIOLOGICAL INFORMATION, AND SPECIFICS TO THE CONTENT OF INTERACTIONS WITH OTHER GROUP MEMBERS.

I AGREE TO COME EACH WEEK, STAY THE ENTIRE SESSION, AND TO BE PUNCTUAL. GROUP WILL START AND END ON TIME.

I AGREE THAT IF I AM GOING TO MISS A SESSION I WILL LET TIM KNOW IN A TIMELY FASHION.



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I UNDERSTAND THAT THIS IS A VOLUNTEER COMMITMENT AND WHILE I DO NOT HAVE TO PAY A FEE, I WILL TREAT THE GROUP AND EACH OF ITS MEMBERS WITH THE RESPECT WARRANTED OF SOMETHING I PLACE IN HIGH VALUE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO DISCUSS MY THERAPEUTIC GOALS AND REASON(S) FOR ATTENDING.

I UNDERSTAND THAT **NO ONE IS GOING TO FORCE ME TO TALK OR REVEAL DIFFICULT MATERIAL BEFORE I AM READY TO DO SO**

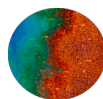
I UNDERSTAND THAT ANY FORM OF PHYSICAL CONTACT IS NOT PERMITTED WITHIN THE GROUP SETTING.

I AGREE THAT AS LONG AS I AM A GROUP MEMBER, I WILL NOT SUBGROUP WITH OTHER MEMBERS OUTSIDE OF GROUP TIME (E.G. HANG OUT, DATE) - UNLESS DISCUSSED IN GROUP PRIOR AND AS PART OF THE WORK BEING DONE WITHIN THIS GROUP'S OBJECTIVE(S)

UNDERSTAND THAT NON ALCOHOLIC DRINKS AND FOOD MAY BE CONSUMED, HOWEVER I WILL BE MINDFUL TO EATING OR DRINKING ANYTHING THAT IS EXPERIENCED AS A DISTRACTION TO MY SELF OR OTHER MEMBERS OF THE GROUP.

I AGREE THAT ALL CELL PHONES WILL BE TURNED OFF DURING GROUP TIME.

I UNDERSTAND THAT GROUP SESSIONS WILL NOT BE VIDEOTAPED FOR TRAINING AND SUPERVISION PURPOSES UNLESS DISCUSSED PRIOR AND WITH **EVERY** GROUP MEMBERS' WRITTEN PERMISSION. I FURTHER UNDERSTAND THAT ALL RECORDINGS WILL NOT BECOME A PART OF MY CLINICAL RECORD. THESE RECORDINGS ARE FOR ROGERS FAMILY THERAPY INTERNAL USE ONLY.



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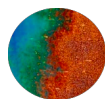
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I UNDERSTAND THAT DURING POST-PROCESSING ALL MEMBERS ARE ENCOURAGED TO STAY AND LISTEN.

I AGREE TO BE SILENT DURING THIS TIME AND IF I HAVE ANY REACTIONS OR COMMENTS ABOUT THE POST-PROCESSING, I WILL BRING THEM BACK TO THE NEXT GROUP SESSION. I ALSO AGREE TO PARTICIPATE IN GROUP SOBER AND NOT UNDER THE INFLUENCE OF ALCOHOL OR ANY CONTROLLED SUBSTANCES.

I AGREE TO STAY IN GROUP UNTIL I HAVE GAINED AS MUCH AS POSSIBLE FROM GROUP AT THIS TIME, I WILL NOTIFY THE GROUP IN ADVANCE OF MY INTENTIONS AND COME TO GROUP TO SAY GOOD-BYE (TERMINATION SESSION)

I UNDERSTAND THAT ANY GROUP OUTCOME MEASURES OR SATISFACTION SURVEYS ARE REPORTED IN SUMMARY FORM WITH NO INDIVIDUAL IDENTIFYING INFORMATION. THIS INFORMATION CAN ASSIST THE COUNSELING CENTER IN IMPROVING SERVICES AND IN EVALUATING PROGRAMS.



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ACKNOWLEDGEMENT BY SIGNING BELOW

CLIENT ACKNOWLEDGES THAT HE REVIEWED AND FULLY UNDERSTANDS THE TERMS AND CONDITIONS OF THIS GROUP AGREEMENT. CLIENT HAS DISCUSSED SUCH TERMS AND CONDITIONS WITH GROUP FACILITATOR, AND HAS HAD ANY QUESTIONS WITH REGARD TO ITS TERMS AND CONDITIONS ANSWERED TO CLIENT'S SATISFACTION.

CLIENT AGREES TO ABIDE BY THE TERMS AND CONDITIONS OF THIS GROUP AGREEMENT AND CONSENTS TO PARTICIPATE IN GROUP PSYCHOTHERAPY WITH TIMOTHY ROGERS, MA, LMFT (MFC101500) AS FACILITATOR.

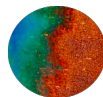
MOREOVER, CLIENT AGREES TO HOLD THERAPIST FREE AND HARMLESS FROM ANY CLAIMS, DEMANDS, OR SUITS FOR DAMAGES FROM ANY INJURY OR COMPLICATIONS WHATSOEVER, SAVE NEGLIGENCE, THAT MAY RESULT FROM SUCH GROUP TREATMENT.

I CERTIFY BY MY SIGNATURE BELOW THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO ABIDE BY THE STATED GROUP POLICIES OF TIMOTHY ROGERS, MA, LMFT AND ROGERS FAMILY & SELF-CENTERED THERAPIES, A CORPORATION.

GROUP MEMBER PRINTED NAME

DATE

YOUR SIGNATURE



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