

Steffannie Roache MS LPC LLC

6745 SW Hampton Street, Suite #200 Tigard, OR 97223

Phone: 971.717.2307 Fax: 1.866.959.3177 Email: steffannie@mgcwonline.com

Informed Consent for Group Therapy

Group Name: _____

Facilitators *(if known)* _____

Location: _____

Start Date: [] **Meets on:** Mon: Tues: Wed: Thurs: Fri: Sat: Sun:

End Date, or Weeks/Months: *(if applicable)* [] **Fees per sessions \$:** []

As a group member, I have rights and benefits as well as duties, and I understand that some of them are described in this agreement. I agree to pay the full fee if I do not show up for group or if I cancel without 24 hours’ notice, except in the case of emergency or illness. Payment is due in full at each group session or may be paid in advance for the said amount of group sessions. Group leaders accept cash, check, credit card, or paypal.

I agree that it is important to do the work. My work involves engaging in open dialogue about thoughts, beliefs, and feelings. I will open and honestly discuss my behaviors and exchanging helpful feedback with other members of the group as appropriate.

Specific to Closed Groups

I agree to attend all meetings from start to finish, even if I do not always feel like it. If I cannot attend, I will tell the group a week in advance (at the beginning of that meeting), or, if it is an emergency, call one of the facilitators if I cannot attend. If I decide not to go on or am unable to go on with the group, I will discuss my reasons with the group and its leaders, and I will give 2 weeks’ notice to the group.

I understand that the leaders are required by law to report any suspected child or elder abuse, or serious threats of harm to myself or another person, to the proper authorities.

With full understanding of the need for confidentiality (i.e., privacy) for all group members, I accept these rules:

- 1. I promise to tell no one the names of the group members, nor allow someone not in the group to learn their names.
- 2. We will permit no children, spouses, journalists, or other visitors in our sessions.
- 3. We will not permit any kind of recordings of our sessions, even by our members or leaders.
- 4. I promise not to tell anyone outside the group about any of the problems, history, issues, or other facts presented by any group member, even if I conceal the name of the member.
- 5. I understand and agree that if I break rules 1–4 often without meaning to, or if I ever break one of these rules on purpose, I may be asked to leave the group.

Consent for Services

I have read and understand the contents of this Group Services Agreement. My questions about these policies have been answered. I agree to the professional and financial terms described above, as indicated by my signature below.

Member’s Signature: _____ Date: _____

Printed name: _____

Parent/Guardian *(if applicable)* : _____ Date: _____

Printed name: _____

Group Facilitator Signature: _____ Date: _____

Printed name: _____

Group Facilitator Signature: _____ Date: _____

Printed name: _____

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Agreement for Group Therapy

This Agreement for Group Therapy provides you with detailed information about the professional services and business policies as well as rights and responsibilities.

Benefits and Risks of Therapy

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. It is normal for people to feel worse before they feel better. Therapy is undoubtedly hard work and is truly a process – it is hard to predict how quickly it will “work” or what specific effects it will have. However, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to reduced stress and anxiety, improved self-esteem, better relationships, solutions to specific problems, and significant reductions in feelings of distress. It is important to note that there are no guarantees of what you will or will not experience.

Telephone Accessibility and Emergencies

Group facilitators monitor messages frequently and will make every effort to return your call within 24 hours of when you make it. If you are difficult to reach, please leave some times when you will be available. Should you have a true clinical emergency that requires immediate attention or action, you will need to call 911 or go to the nearest emergency room.

Professional Fees and Payments

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, the group leader(s) reserve the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information released regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim. By signing this agreement, you authorize the group facilitator(s) to employ the services of an outside collection agency or attorney to seek payment of all unpaid fees.

Mandated Participants

I understand if my participation is court mandated or required by probation, parole, DHS, or other officials; information regarding my overall participation, engagement, and attendance *may be* released as appropriate or as a requirement of your participation.

General Legal Action

I understand my participation in this group is therapeutic and/or supportive and not intended to gather information for the courts about you, your family, employer, or any other parties. I understand that the group facilitator(s) role is to provide therapeutic and/or supportive services so that you might feel better and/or improve your functioning and not intended to gather information for the courts or to make judgments about you, your family, your employer, or any other parties.

I agree that I will not call upon Steffannie Roache or Steffannie Roache MS LPC LLC Group Facilitators to provide treatment records or to testify in a future divorce, custody, workers compensation, or other legal actions. I understand that courts can appoint professionals who have had no prior contact with me or my family to conduct independent evaluations and make recommendations to the court.

I understand that it is Steffannie Roache and Steffannie Roache’s MS LPC LLC’s policy to have no court involvement in your case because that could harm the professional therapeutic relationship and the ability to achieve counseling goals for mental health and wellness, marriage, parenting [In the case of family, couples or group counseling, it is my understanding that since I need to speak freely, I, my partner, and/or family is also agreeing never to ask Steffannie Roache or Steffannie Roache MS LPC LLC

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Group facilitators to testify or have her records of my treatment in court.]

If legal actions occur in which Steffannie Roache, of any group facilitator of Steffannie Roache MS LPC LLC is forced by subpoenaed to provide testimony (either by you or another party), you will be responsible to pay the group facilitator(s) directly for the following services:

(a) the time spent preparing for court, (b) the time spent for transportation to/from court, and (c) the time spent in court. Because of the difficulty of legal involvement, group leaders charge **\$175.00 per hour** for preparation and attendance at any legal proceedings. Payment for the estimated number of hours is due 10 days prior to the court date and must be paid in the form of a cashier's check.

Insurance and Managed Care

If you have insurance coverage and plan to file for reimbursement, you will be given a detailed statement that contains the provider information of the group leader(s) and your relevant diagnostic code(s). The statement may then be attached to one of your insurance claim forms, which you may file for reimbursement. If you are relying on your insurance company to reimburse you for part or all of the charges for therapy, it is important that you have thoroughly reviewed and understand your insurance company's reimbursement policies, the amount of your deductible, the percentage your company will reimburse you for outpatient group psychotherapy, and any limitations to treatment that may be a dimension of your policy. The contract for reimbursement is between you and the insurance company, rather than between the insurance company and the group leader(s).

Client Rights

You have several important rights as a client.

1. You have the right to ask questions about the process and course of therapy.
2. You have the right to voice any concerns or complaints about our work together. We truly welcome your feedback directly. In addition, you are welcome to contact the Board of Behavioral Sciences with any concerns about unethical or unfair treatment by the group leader(s).
3. You have the right to decide not to receive therapeutic assistance from the group leader(s). If you wish, we will provide you with the names of other qualified professionals whose services you might prefer.
4. You have the right to expect that the group leaders will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise the group's work together.

Confidentiality

In general, law protects the privacy of all communications between a patient and a marriage and family therapist, or a psychologist and the group leader(s) can only release information about our work to others with your written permission. But there are a few exceptions:

1. Instances of active or suspected abuse (physical, emotional, or sexual) or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services.
2. If a group member threatens to harm himself/herself or to harm another individual, group leader(s) are required to take steps to help maintain the safety of the person at risk.
3. If a judge orders a group leader's testimony/records or, in the context of a legal proceeding, a client raises his/her own psychological state as an issue, the group leader may be required to release the client's confidential information to the court.
5. The group leader(s) may occasionally find it helpful to consult other professionals about a case. During a consultation, the group leader makes every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential. If you don't object, the group leader will not tell you about these consultations unless she feel it is important to our work

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together.

Professional Records

The laws and standards of our profession require that we keep treatment records. These records include information about your reasons for seeking treatment, relevant diagnoses, treatment goals, progress towards those goals, medical and social history, treatment history, any past treatment records I receive from other treatment providers, documentation of any professional consultations, billing records, and copies of any professional documents generated during the course of treatment (e.g., informed consent forms, release of information forms, letters sent at your request). Except in unusual circumstances that involve danger to yourself and/or others, you may examine and/or receive a copy of your clinical record if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents or that you have them forwarded to another mental health professional. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Agreement for Group Therapy

I have read and understand the contents of this Agreement for Group Therapy. My questions about these policies have been answered. I agree to the professional and financial terms described above, as indicated by my signature below.

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Printed name: _____

Parent/Guardian (if applicable) : _____ Date: _____

Printed name: _____

Group Facilitator Signature: _____ Date: _____

Printed name: _____

Group Facilitator Signature: _____ Date: _____

Printed name: _____