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**Group Consent Formed – For Support & Wellness Groups**

Welcome! Groups can be powerful and valuable venues for moving forward in your personal development, healing and growth. The group environment is a dynamic place where you can experience and receive support, know you are not alone in your experience, share and learn from the group leader and group members. As important, you become a part of a small community.

Therapeutic Support Groups: Targeted groups focusing on supporting you and offer a psychoeducational component relevant to the topic.

Therapy: Focus on behavioral health issues and behaviors primarily utilizing psychological methods and techniques; and secondarily utilizing psycho-educational methods (usually insurance reimbursable).

Wellness: Targeted topics in health & wellness. Structured program comprised of teachings, experiences and sharing within the group.

Group Participant Agreement

In joining and participating in a group you agree to:

1. Attend all sessions.
2. Arrive on time and leave when the group is over unless an emergency.
3. Make payment for the full amount of the group prior to the beginning of the group.
4. Call, in case of an unexpected emergency, to let your group facilitator know you will either be late, or cannot attend the session.
5. Participate by being present, listening and sharing when feeling the desire to share.
6. Manage sharing as not to overshare or monopolize the group experience.
7. Adhere to privacy/confidentiality provisions by not disclosing the identity (names or description) of any group member, information about them, and any of the issues presented by any of the group members as it may be identifiable.

Group Facilitator Agreement

As your group facilitator, *I a*gree to:

1. Provide a safe environment for you by being present, respectful, building trust and honoring your confidentiality as well as securing the premises.
2. Manage and facilitate the group and the group process, respectfully and responsibly.
3. Be prepared for the group.
4. Not allow any recordings or video taping of the group.
5. Maintain confidentiality of group members and any identifiable issues.
6. As required by law, report any serious threats of harm to yourself or another person, any suspected child or elder abuse and abuse to the disabled

Group/Seminar I am joining \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions, please contact the facilitator of the group.

I have read the group agreement above, understand and agree to the terms.

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 Your Printed Name Your Signature

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