

## Informed Consent Form for Healing & Recovery Groups

Group psychotherapy is a widely accepted form of psychological and psychiatric treatment; however, group therapy entails certain risks. This form is designed to tell you about some of the risks of limited confidentiality so that you can make an informed choice about whether you wish to enter therapy in groups led by the Healing & Recovery staff.

Risks include, but are not limited to, the following:

1. The law may require the therapists to notify the authorities if you reveal that you are abusing children or if you express intent to harm yourself or other people.
2. If you reveal confidential information in the group, that information might be told outside the group by other members of the group. You could be hurt emotionally and economically if this information is revealed outside of group.
3. Other group members will share confidential information. If you share that information outside the group, then the member whose information you share might have grounds to bring legal action against you.
4. Group members agree to have no sexual contact with other group members. Exceptions apply only to those whose partners are also participating in the group.
5. If you violate the confidentiality rules of the group or the conditions of #4 above, you acknowledge that you will be required to discontinue participation in the group.
6. By signing this form, you give permission to the therapists involved with the program to discuss your personal information with one another for the purpose of your therapeutic benefit.

I have read and fully understand the information provided above about the risks of group therapy. I have discussed these risks with the group leader and have had the chance to ask all of the questions I wished to ask about the matters listed about and about all other concerns. The group leader has answered all of my questions to my satisfaction. I understand that I can leave the group at any time. By signing this document, I agree to accept the risks listed in this form and the risks explained to me by the group leader.

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Printed Name

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Signature

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Date