

Art for the Heart Counseling

1000 East Walnut Street, Ste 235, Pasadena, CA 91106

626 365-1242

Email: info@artfortheheartcounseling.com

SPECIALIZED GROUPS INFORMED CONSENT

The purpose of Specialized Group Counseling is to provide a safe environment in which clients can explore the designated topic, receive input and support, and to learn, grow, and heal from their experience. Groups can provide a sense of commonality with others, decrease isolation, and enhance shared learning.

It is important that a safe environment is provided for all group members. Group norms include respect for oneself, the other group members, and the importance of creating trust among the participants. While group members begin as strangers, they soon view each other as valued and trusted sources of support.

A Safe Environment

- Confidentiality is an important element of group. When group members feel safe, there is increased trust and cohesion. The therapist will confidentiality by law; however, there is no law that mandates group members to maintain confidentiality. Group members are asked by honor to keep what is said in the group. While group members may wish to share what is learned about the self in group with a significant other, it is important NOT to discuss how events unfold in group or compromise the confidentiality of other group members. Groups work best when there is trust and confidentiality among each other.

____ Client Initial (Parent/Guardian for minor)

Released Information

- Released information will include only the individual client's information and personal progress in group and not that of other group members

____ Client initial (Parent/Guardian for minor)

Structure of Specialized Groups

- Groups are "closed" meaning that the participants who initially join remain the same throughout the period of group and new members are not added
- The group will have a specific focus each week as guided by the therapist.
- If a group member is absent for a session there is no "makeup". Group members are strongly encouraged to be present and on time for each session in order to benefit from the counseling session.

_____ Client initial (or Parent/Guardian for minor)

By signing this Specialized Group Disclosure and Consent Form, you acknowledge that you have both carefully read and understood all the terms and information contained herein. You have asked and sought clarification of any unclear terms or concepts at this time. You also acknowledge that you agree to all of the terms in this form and have received a copy.

- I affirm that I have been informed of the likely benefits and material risks of treatment, and I have been informed of some of the strictures and/or responsibilities of this counseling treatment. This disclosure was understood by me (or on behalf of my minor child), and enabled me to make an informed consent to this treatment for myself (or minor child). I understand that I may revoke this consent at any time and for any reason.
- I understand and agree to be financially responsible for payment in full of all services rendered through Art for the Heart Counseling, including any assessment services, session fees, phone consults, court/legal fees assessed, reports, letters, and the like. I understand and agree that payment for Specialized Group Counseling is due prior to the session and may be paid in cash (in-person only), PayPal, credit or debit card, or check. I understand and agree that returned checks are subject to a \$50 fee

I voluntarily agree to participate (or for my child to participate) in the Specialized Counseling Group _____

offered at Art for the Heart Counseling. I authorize the therapist to provide such care, treatment, and services as are considered necessary and advisable.

Client Printed Name _____ Date _____

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Regarding minors in treatment: *I affirm that I am the (circle) father/mother/legal guardian of the below named minor child and I hereby give my authorization and consent for my child to participate in the Specialized Counseling Group.*

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Child's Name _____ DOB _____

Therapist Signature _____ DATE _____