

Group Counseling Informed Consent Form

I, _____, agree to adhere to the following norms and expectations of this group:

- I will not discuss anything shared in group with others outside of group.
- I will strive to be on time and stay the entire session.
- I will notify the group facilitator(s) if I am going to miss a session.
- I will attend a minimum of 2 consecutive sessions.
- I will be respectful of others' thoughts, emotions, and behavior.

It is essential that members know that whatever they say or how they act in group remains in the group and that members will not discuss these things with anyone outside the group. I understand that this is the best way to create a safe and inclusive space and where members can trust one another. I understand that the facilitator(s) will break confidentiality under the following circumstances:

- Indications of harm to self or others
- Awareness of harm being done to child, elder, or a person with a disability

In signing this consent form, I indicate that I have carefully read and understand the Informed Consent Form and that I agree to its terms and conditions. I acknowledge that the facilitator(s) have provided the opportunity for group members to discuss and ask questions about the importance and limits of confidentiality and the expectations of the group.

Print Patient Name: _____

Patient Signature: _____ Date: _____