



INFORMED CONSENT FOR GROUP SERVICES

Please read this document carefully and sign at the bottom of the page.

Relationships in Group

- You agree to keep confidential information shared by other group members during group sessions.
- To maintain the integrity of the group and maximize group members' safety, we ask that you avoid outside contact with other group members for the duration of the group.
- You agree that you will not hold liable New Story Behavioral Health for the result of any interaction that takes place between group members outside of the group session or after the conclusion of the group.

Attendance

- You agree to maintain consistent attendance to group sessions.
- You agree to pay for group sessions regardless of attendance.
- For time-limited groups, you agree to attend at least 80% of group sessions.
- For on-going groups, you agree to inform your provider of your decision to leave the group at least one month before your last group session. Advanced notice of your departure gives group participants the opportunity to process your departure and say goodbye.

Financial Information

- Upon the start of the group, you agree to assume responsibility for the entire cost of all group sessions. For time-limited groups, you understand that you will be held responsible for the complete payment of all group sessions if you leave group before the conclusion of group, except under extreme circumstances. For on-going groups, you will be financially responsible for all group sessions that you have agreed to attend.
- You understand that you will not be refunded the cost of individual group sessions regardless of attendance.
- You agree that you will be charged on the day of each group session. You agree to provide a credit card number and other relevant information for your provider to keep on file so that your payment can be processed automatically.
- You understand that you will not be charged for group sessions that are cancelled by your providers.

Treatment Coordination

- If you receive treatment from a mental health provider outside of New Story Behavioral Health, you agree to sign a Release of Information so that your provider may, when necessary, coordinate care with the other provider.

Observation for Supervision and Training Purposes

- You agree to allow your group psychotherapy sessions to be observed, in person, by another mental health provider for the purposes of training and supervision.
- You understand that any mental health provider who observes your group psychotherapy sessions will be held to the same confidentiality standards as your group providers.
- You agree that you give consent for the observation of group psychotherapy sessions voluntarily and without coercion.

Signature of Patient (or guardian)

Date

Printed Name

Signature of Provider

Date