



Group Counseling Statement of Confidentiality and Consent for Treatment

What is shared in group stays in group.

Due to the nature of group counseling, sensitive and private information is shared by participants. It is important that group members respect the privacy of all group members by not sharing anything that is shared in the group with others outside the group, no matter how significant or seemingly insignificant it might be. This includes the names of the other group members and their family members, as well as any information shared in group. In group, we are all responsible for one another's privacy.

Despite this important group counseling rule, however, Lewisville Family Counseling (LFC) cannot guarantee complete confidentiality in group counseling settings.

____ I understand my therapist(s) at LFC are not available 24 hrs and in case of emergency I will follow my safety contract created in group or call 911.

____ I agree to have no contact by any means with group members outside of group throughout the duration of the DBT Skills group session.

____ I agree to abide by the group counseling rule, and agree not to share any information about this group or information shared by others in this group. I also understand that my confidentiality cannot be guaranteed in a group counseling setting.

____ I consent to group therapy and understand that I can withdraw my consent at any time and discontinue treatment.

Client Printed Name

Client Signature

Date

Counselor Printed Name

Counselor Signature

Date