

Consent to Participate in a Group

Please select the group in which you are participating:

- Social Support Group** **Mindful Parenting Group** **Reflective Parenting Workshop**
 New Parent Support Group **Mindful Pregnancy Group**

Please read carefully

This is to certify that I give permission to Well Baby Center (WBC) for my family or child's participation in a group. Please fill out consent for each minor participating in the group.

Parent's Name: _____ Age: _____ DOB: _____

Parent's Name: _____ Age: _____ DOB: _____

Child's Name: _____

DOB: ____/____/____ SS#: ____-____-____ Sex: _____ Age: _____

Child's primary address: _____

Please list any medications minor is on: _____

Primary Care Dr: _____

Date last seen: _____ Phone: _____

Psychiatrist: _____ Date last seen: _____ Phone: _____

School or Day Care: _____ Grade: _____

In case of emergency: _____

Relationship: _____ Phone: _____

Custody: Any issues concerning Divorce, Custody, Guardianship, Probation and/or Restraining Orders will require all documents to be presented on first visit to verify any legal issues and/or custody of child. Copies of these documents will be kept with minor's records. Please circle all that apply to minor and family: **Divorce Legal Separation Custody Guardianship Restraining Orders Current Litigation Issues Probation**

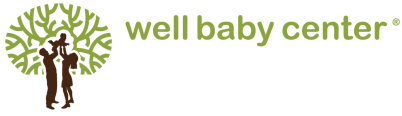
I understand this authorization may be revoked in writing at any time. This authorization is effective for one year after date of signing unless stipulated below: Effective Date: _____ End Date: _____

1. About the Process

It is the group facilitator's intention to provide services that will assist the client in reaching his/her goals. Based upon the information that the client provides to his or her group facilitator and the specifics of the client's situation, the group facilitator will provide recommendations to the client regarding treatment. Group facilitator and clients are partners in the therapeutic process. The client has the right to agree or disagree with the group facilitator's recommendations.

2. Information about your Group Facilitator and Practicum Student/Intern in Training and Supervision

WBC is a training center for Masters or Doctoral level counseling and psychology therapists and for paraprofessionals. All therapists are under the direct supervision of David Schreiber. The group facilitator may consult with other licensed mental health professionals for the purpose of supervision/education. Consultation is intended to ensure that the client receives the highest quality treatment. Finally, there may be circumstances in which the group facilitator needs to consult with other professionals, such as the client's physician, regarding the client's care. In such cases, the group facilitator will request the client's written permission to do so. In order to ensure that group facilitators receive the best training and that clients are well served, some sessions will be audio taped or viewed through a one-way window. Audiotapes are used in supervision by David Schreiber and group facilitator for clinical supervision only and are erased in a timely manner. There will be advance notice of a taping or viewing and it will be with your full and complete awareness. You must agree to have your family/child's sessions audio taped or viewed in order to receive services at WBC. The group facilitator who is assigned to you is on a time limited contractual basis with WBC. Therefore, it is possible that the group facilitator may leave WBC prior to the end of your group.



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3. Confidentiality

The group facilitator is legally prohibited from revealing to another person that the client is in therapy with them, nor can the group facilitator reveal what the client has said in any way that identifies the client without the client's written permission except with WBC staff and supervisor. In addition, it is requested that all group members aim to maintain the confidentiality of other members in the group. There are some instances in which the client's right to confidentiality must be set aside as required by law or professional guidelines. These include the following:

- Instances of suspected abuse or neglect of a child, an elder, or a dependent adult must be reported to the appropriate protective services agency.
- If the group facilitator has reason to believe that your child or a member of your family poses an imminent danger of violence to another person or a serious intent to harm him/herself, the group facilitator must take steps to protect whoever may be in danger.
- To ensure a positive therapeutic relationship between a group facilitator and child client, the content of a child's session will remain confidential. While the child client's parent or guardian has a legal right to the content of the child's sessions, the group facilitator will speak with the parent/guardian in general terms about the content unless there is a concern about your child's safety.

4. Fees and Appointments

Group sessions take place once a week, unless otherwise arranged. If you are unable to attend a group session, please contact your group facilitator to inform them of your absence as soon as possible. During your initial appointment you will be assigned a fee for your weekly session. WBC asks that you pay your group facilitator at the beginning of each month (after initial 8-week enrollment) for on-going groups. WBC reserves the right to suspend therapy for service rendered and not paid for after three sessions. Uncollected fees for three or more sessions may result in an interruption in services until the balance is paid in full. Any longstanding unpaid balances may be referred to a collection agency. If this should become necessary, the client will be notified in writing beforehand. There will be a \$14 service fee for any returned checks. There will be a charge for telephone calls over 10 minutes in duration. The fee will be pro-rated according to the client's usual hourly fee.

5. Cancellation Policy

Groups are significantly affected when group members are absent. Therefore, attendance is strongly encouraged. Even though you may be absent from time to time, your place in the group is reserved and you are responsible to pay for any missed sessions. We provide two allowable missed sessions per year, which are credited to your next pay period.

In the event of a medical emergency or an emergency involving a threat to the client's safety or the safety of others, please call 911 to request emergency assistance.

6. Acknowledgement

By signing below, the client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. The client has discussed the terms and conditions of this Agreement with the group facilitator, and has had any questions with regard to its terms and conditions answered to the client's satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in the group with the group facilitator. In addition, the client agrees to hold the group facilitator free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I, _____ the undersigned parent, and the person having legal custody or guardianship/authorized care provider of _____ (the minor), do hereby authorize Well Baby Center (WBC), to participate in a _____ for my minor child(ren).

It is without pressure or coercion that I sign this consent:

Signature: _____ Date: _____
(parent/legal guardian/authorized care provider)

Signature: _____ Date: _____
(parent/legal guardian/authorized care provider)