



Oshkosh Marriage and Family Therapy Center LLC
1000 Oregon Street • Suite B • Oshkosh, WI 54902
omftc.com • (920) 479-1996 • Fax (920) 479-1997

Informed Consent for Group Sessions

1. Ground Rules for Group Participation

- 1. Everything shared in the group is confidential.** Confidentiality means not sharing or discussing any information learned in the group with anyone outside the group.
- 2. All sharing within the group is voluntary.** There are opportunities for discussion with group members. This is a gradual process that will increase as the level of trust improves. Individuals should never feel forced to share with the group. Should a couple be present, seek out your partner's permission to discuss a mutual disclosure before sharing it with the group.
- 3. When sharing in the group, speak for yourself and not for others.** Each person should speak for themselves and not for other group members. One way to remember this idea is to make "I" statements. For example, it is acceptable to say "I feel" or "I think".
- 4. The goal of group is to decrease PTSD symptomology.** This group is designed for you to learn from each other on how to move forward from traumatic events. Because much of the information is personal, it could create tension. It is hoped that this sharing and learning together can help build a sense of community.

2. Limits of Confidentiality

Unfortunately, although ground rules state that "confidentiality means not sharing or discussing any information learned in the group with anyone outside the group" this rule cannot be guaranteed. This is why it is important that any information you share is voluntary and that you are comfortable sharing.

3. Group Counseling Rights and Responsibilities

In order for your work in the group to be successful, it is essential that you attend a minimum of two sessions a month, however attending all will bring you the most benefits. As will making a sincere effort to work on the issues for that week. You can drop out of group therapy at any time; but know it will also mean dropping out

of the entire program. If you miss the minimum required group session for the 12-week period you signed up for, you will be terminated from the entire program. Termination of you within the group can occur if you engage in threatening behavior, destroying property, or injuring staff and/or other group participants. Refunds for group sessions will not be given.

4. What to Expect

Group therapy consists of a 12-week modified program developed by Hunter Holmes McGuire VAMC from Richmond, Virginia.

Goals:

1. Develop a full and accurate understanding of the physical and emotional responses that are characteristic of PTSD.
2. Develop a mindset that helps you maintain control of yourself at all times and know the skills and tools to do so.
3. Learn, practice, and instill coping skills as a necessary part of your recovery.

5. Fees

Fee for group sessions are \$10 per person per month for those with a household income over \$40,000 annually (**\$40 total per person**) and \$5 per person per month for those with a household income under \$40,000 annually (**\$20 total per person**). Payment can be paid in full on first day of group session or paid through a payment plan set up between client and therapist. Start dates for groups are March 16, 2019; June 22, 2019; and September 28, 2019.

6. Childcare

For those client(s) with children during the Saturday group therapy sessions, where finding childcare can be a hassle; therapist's husband will be signing a HIPAA compliant release to keep your identity confidential. He will watch the children in the therapy playroom. He is good with children but is not a certified child care provider. He will not change diapers. If a dirty diaper happens to arise during the course of a group session, therapist's husband will come get parent(s) to take care of the issue. Parents will need to sign a release form should they wish to obtain this service.

7. Group Participant Signatures

I have read and understand this document and have asked any questions I have regarding the above information. I agree to participate in this grief bibliotherapy group under the conditions described.

By signing this form, I:

1. Give consent for services.
2. Acknowledge that I have been informed about my rights and responsibilities.
3. Understand that this consent is valid for the 12-week group of my choosing: March 16, 2019; June 22, 2019; and September 28, 2019. All groups meet on Saturdays at 5 pm.
4. Understand that I may withdraw from the group at any time but no refund will be issued.

Participant Signature: _____ Date: _____

Therapist Signature & Title: _____ Date: _____