

NANI WADDUPS, LPC

Mental Health Counseling

Client Consent to Group Therapy

All members are required to give their consent prior to participation in the group. Members are expected to attend groups weekly or to notify the counselor prior to absences, and to participate as an equal member in the group process.

RISKS AND BENEFITS OF GROUP PARTICIPATION

Counseling is designed to assist you in resolving problems and coping more effectively with difficulties in your life. I try to limit the risks of treatment by working closely with you. It is possible, however, that you will experience some initial increase in stress, particularly during the early stages of counseling. On the positive side, treatment is often effective in helping people solve problems, leading to a significant reduction of distress and anxiety, to healthier relationships, and to genuine problem solving. There are also risks of not getting treatment: problems may get worse.

CONFIDENTIALITY: YOUR PRIVACY AND ITS LIMITS

Individual members agree to maintain the confidentiality of other members in the group. The group space and the relationship of each member to the group are grounded in mutual respect and even reverence for the unique experience of each individual. In order for the group to function and grow as a supportive environment for its members, trust is essential. Tempting as it may be to share what happens in group with others, it is vital that we maintain a code: "What is shared in the group, stays IN the group."

Because we are meeting as a group of individuals, I have no way to guarantee that another member of our group will maintain the confidentiality of information shared. Knowing this, only you can determine what you feel comfortable sharing, and when.

Counselors have a legal and ethical obligation to keep your information private. As your counselor, I will not share anything about you with anyone unless you give written permission, or unless one of the following exceptions to confidentiality occurs:

- Consultation with colleagues and supervisors: I will talk about your case with supervisors and professional peers to get advice about your treatment.
- Emergencies: I may share information about you with other professionals or in a medical or mental health emergency, or for follow up after an emergency.

- Future Harm: If I learn that you or someone else might be seriously harmed in the immediate future (including suicide), I will attempt to stop this. I will try to keep you and others safe by talking to anyone who might get hurt, anyone who might help, and/or by calling 911.
- Child Abuse (including witnessing domestic violence), Elder Abuse, or Abuse of Persons with a Mental Illness or Disability: Under Oregon’s mandatory reporting law, I will report any known or suspected abuse or neglect to the appropriate authorities.
- Committing a Crime: Information you give me regarding the act of committing a crime may need to be reported to the appropriate authorities.
- Subpoena or Court Order: If I am ordered to go to court, I may have to give information about you without your permission.
- Access to Records by Non-Custodial Parents: If your child is in treatment, both parents have rights in regards your child’s information. Only a court order can limit this right of the non-custodial parent.
- Counselor Defense: I will disclose any information deemed necessary in response to any legal claims brought against me by a client.
- If I am no longer available: If I am incapacitated in any way, I have designated my supervisor, Steve Berman (503-238-5899) as a Custodian of Record. He has access to my office and your files, so you have someone to ask about your records and perhaps for referrals to other therapists.

By signing below, I agree that:

- I have read this document, and understand the information in it.
- I have had all my questions regarding this document answered to my satisfaction.
- I freely give my consent to treatment by Nani Waddoups

_____ (Client Printed Name)

_____ (Client Signature) _____ (Date)

E-mail: _____ Phone: _____

_____ (Counselor Signature) _____ (Date)