UCF | Counseling and Psychological Services

GROUP THERAPY CONSENT

Counseling and Psychological Services (CAPS) Staff will not release any information about my therapy to anyone outside of CAPS without my written consent, except in the following situations:

- When doing so is necessary to protect a client or someone else from imminent physical and/or life-threatening harm.
- When a client lacks the capacity or refuses to care for themselves and such lack of self-care presents substantial threat to their well-being.
- When abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected.
- When a client pursues civil or criminal legal action against the UCF CAPS or its staff, or when a client makes a complaint to a Professional Board about a therapist.
- When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
- In accordance with the Patriot Act, CAPS may disclose a client's mental health information to authorized federal officials, who are providing protective services to the President of the United States and other important officials, or to authorized federal officials who are conducting national security and intelligence activities. By law, CAPS cannot reveal to the client when we have disclosed such information to the government.

I understand the limits to confidentiality stated above and accept them as part of the conditions of participating in group therapy.

Confidentiality among group members is a collective responsibility and is a necessary commitment for continued participation in the group. I agree to keep confidential what other group members say during group sessions. However, I realize that group facilitators cannot guarantee that other group members will not share information about me with others.

If I am feeling suicidal or I am in need of extra support, please share in group or with your group therapist afterwards. If I am in need of support in between groups, I will call CAPS to meet with my individual therapist or walk-in counselor. After-hours I will call CAPS' crisis hotline at 407-823-2811, and press #5.

An important aspect of the effectiveness of group therapy is the group's identity as a "group." In order to help to develop and to maintain the group identity, it is encouraged that participants not discuss information about group members or group issues outside of the group context with fellow members. Such "sub-groupings" interfere with the group process and compromise the benefits of group therapy.

I understand that the group therapist(s) may consult with supervisors or other professional staff members of CAPS for the purpose of providing the best possible service to meet my needs.

Attendance in the group is important in establishing and maintaining cohesion and commitment. I agree to make EVERY effort to attend ALL scheduled group sessions. If, due to illness or an emergency, I am unable to attend a session, I will call CAPS in advance to notify the therapist(s) facilitating the group.

I agree that if I have any concerns about the group not meeting my needs or expectations I will talk about my concerns in the group. Often others may be experiencing similar doubts or hesitations and a willingness to discuss these concerns will facilitate the group process.

In the event that I decide to discontinue my participation in the group I will attend a final session to promote a positive ending to my group experience. I agree to attend at least three sessions before making a decision to discontinue participation in the group.

I have asked my therapist(s) for any needed clarification of the procedures and conditions mentioned in this consent statement. I am satisfied with the explanations and agree to abide by the conditions of this consent form. I consent to participate in group therapy at CAPS.

My group therapists' names are: _____ _____

_____ _____ _____

Print Name Signature Date

Student ID UCF/PID_____

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