



14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 91423
818-351-3511

CONSENT FOR Support Group

I, _____, authorize and request that Trauma and Beyond Therapy Team, provide me with a support group. I understand that there will not be any diagnostic procedures or examinations during the course of my participation in the support group. I also understand that though not required, for group cohesion, Trauma and Beyond would like me to commit to 4 weeks of support group, though I am able to stop at any time

OFFICE POLICY

Confidentiality: All information disclosed within sessions is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child abuse, incest or elder adult abuse; where there is a reasonable suspicion that the patient presents a danger of violence to others or where the patient is likely to harm him or herself, unless protective measures are taken. Disclosure may also be required pursuant to legal proceeding. For collaboration of care and peer consultation, therapists may consult with Trauma and Beyond Treatment Team

Insurance: This is a free group so no insurance or fees will be involved.

Electronics: Use of text services, emails, cell phones, Skype, facetime cannot guarantee confidentiality and use of such services confirms understanding of this lack of guarantee of confidentiality with use of text, cell, email, and Skype or facetime.

Payment For Services: This is a free group so no payment will be involved

Cancellations: We would appreciate you letting us know if you have to cancel a certain group so that we will not be concerned about you missing.

Availability: Please contact our office and speak to Jillian or Lacci if there are questions or concerns, at 818-351-3511. Our team will make their best effort to return calls within 24 hours (or by the next business day) but cannot guarantee the calls will be returned immediately. We do not provide 24-hour crisis service. In the



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event that a client is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911, or go to the nearest emergency room.

The Support Group Process

These groups are designed to be supportive and to provide psychoeducational skills and some practice of these skills. This is not group therapy in the sense of process groups or individualized work. These Groups are designed to be Supportive in Nature, but at times a member can experience some discomfort. If this were to happen, please contact your outside therapist or a mental health center to sign up for mental health therapy.

Signatures Verifying Agreement: Your signature below indicates that you have read the information in this document that you have understood it, and that you agree to abide by its terms as long as you are receiving services from me.

Client Name Printed

Date

Client Signature

Address: _____

City: _____ State: _____ Zip: _____

Address you are at for this group if different than your home address:

DOB: _____

Phone Cell: _____

Phone Home: _____

Email: _____