

## **GROUP COUNSELING CONSENT, POLICIES & AGREEMENT**

All persons (excluding children under the age of 18) participating in group counseling MUST read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement, please ask the therapist/facilitator if you would like to have one.

I hereby grant my permission for ANALIN FLORES/ FLORECER FAMILY COUNSELING AND SALPI MAGHAKIAN/THERAPY FOR KIDDOS, to provide group psychotherapy services in the form of FAITH-BASE SUPPORT FOR MOMS WITH LITTLE ONES

### ***Group Counseling & Therapeutic Process:***

Participating in group counseling can result in numerous benefits, including improving interpersonal relationships and resolving the concerns that led you to seek group counseling. Working toward these benefits, however, requires active involvement, honesty and openness on your part. Moreover, while group counseling is effective for many people and often leads to significant and lasting changes, there are some risks involved.

Many people report discomfort during group counseling as they begin to look at areas in their life that aren't working or not working as well as they would like them to. Sometimes undesirable feelings can emerge as one considers unpleasant, difficult or embarrassing subjects. The facilitator or group may suggest new and different ways of handling situations that may trigger upsets for you.

Attempting to resolve tensions between yourself and others may lead to changes that were not originally intended. Moreover, a decision that is positive for one person can be viewed quite negatively by another.

Change can happen quickly; but more often it can be slow, and even frustrating. For some people, problems may get worse before they get better. It is also possible that group counseling does not work. Even so, many people find that group counseling is worth the difficulty it may entail leading them to the intended results they are seeking.

### **Confidentiality:**

- Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.

- I agree to keep confidential the names of other members of the group and what is said in the group. As a member of this group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.

- I agree to indemnify and hold ANALIN FLORES/ FLORECER FAMILY COUNSELING AND SALPI MAGHAKIAN/THERAPY FOR KIDDOS harmless for any loss or damages, including costs and attorney's fees, incurred by ANALIN FLORES/ FLORECER FAMILY COUNSELING AND SALPI MAGHAKIAN/THERAPY FOR KIDDOS as a result of my breach of another's confidentiality.

• Further information regarding these situations and my privacy rights has been provided in the Notice of Privacy Practices for Protected Health Information.

- I also understand that anything said in therapy is confidential, *except* for the following limitations:

- Child abuse and/or neglect (which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out, physical abuse, etc.)
- Willful cruelty, including inflicting or permitting unjustified punishment.
- Unlawful corporal punishment or injury resulting in a traumatic condition.
- Neglect of a child, includes both acts and omissions that harm or threaten to harm the child's health or welfare.
- Vulnerable adult abuse or neglect
- Threats to harm oneself or Domestic Violence.
- A court subpoena,
- My specific request, in writing, to disclose information regarding my psychotherapy to a third party.

\* Please note that if you choose to send communications through text or email these communications are not protected and confidentiality cannot be assured.

### ***Group Counseling Structure, Frequency & Guidelines:***

**Emotional Support For Moms with Little Ones,  
Wednesdays, July 12th - September 6th @ 9:00 a.m. PST.**  
(note we'll not meet on Wednesday August 23rd.)

Wednesday, July 19th @ 9:00 a.m. PST. Faith-Based Faith-Based Calming Skills,

Wednesday, July 26th @ 9:00 a.m. PST. - Regulating Our Emotions.

Wednesday, August 2nd @ 9:00 a.m. PST.- Self-Care & Self-Love.

Wednesday, August 9th @ 9:00 a.m. PST - Shifting Our Thoughts.

Wednesday, August 16th @ 9:00 a.m. PST - Improving Communication.

**\*NO GROUP MEETING** Wednesday, August 23rd @ 9:00 a.m. PST

Wednesday, August 30TH @ 9:00 a.m. PST - Healthy Boundaries

Wednesday, September 6th August 30th @ 9:00 a.m. PST - Building Social Support.

**\*\*\*IMPORTANT NOTES\*\***

Length: group sessions will be 1 and ½ hour long.

Meeting time: from 9:00 a.m. to 10:30 a.m.

Weekly Attendance is required

**EXPECTATIONS/RULES**

Be on camera if at all possible, to make the experience more personal for all participants. Don't be shy! This is new for many of us, and it might take a little while to get used to the technology.

Be aware of surroundings that show up on the video screen.

Kindly, mute your microphone when you are not speaking and if your child is crying.

Meetings will be held every Wednesday, except for August 23rd.

Be respectful of others' opinions shared.

Build a supportive community with other moms outside of our zoom meetings.

**CLOSED group** - no more participants will be accepted after 1st meeting on July 12.

***Payment/Fees:***

TOTAL COST is \$400 per participant that is \$50 per session. We require upfront payment for all 8 sessions for the total amount of \$400. Client will provide payment via credit card. A fee of up to 2.99% per transaction will be added for credit card payments. You will receive a link to make your payment for the amount of \$411.96.

**REFUND / CANCELLATION STIPULATION**

All payments are fully refundable per client's request by July 6, 2023, before 5:00 p.m. PST. All payments shall be non-refundable and non-assessable after 5:00 p.m. of July 6th of 2023.

## Emergency Contact Information:

In case of an emergency who should we contact? (Please provide an emergency contact)

Full Name:

Relationship:

Phone Number(s):

Please check here that you agree and sign below. Thank you.

- I agree to allow Analin Flores/ Florecer Family Counseling or Salpi Maghakian or a member of the practices to contact my emergency contact on my behalf should an emergency arise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that the therapist/facilitator is not available 24 hours a day and that in a crisis situation, I should call 911.

All participants, 18 years of age or older, are required to sign this agreement prior to attending a therapy/group counseling session. Minor children are invited, but not required, to sign this agreement.

Your signature on this agreement signifies that you have read, understood and are consenting to services provided by Analin Flores/ Florecer Family Counseling and Salpi Maghakian/Therapy 4 Kiddos.

By my signature below, I indicate that I have read carefully and understand the Group Consent, Policy and Agreements, and I agree to its terms and conditions. I have asked and had answered any questions I have concerning the Group, Consent, Policy and Agreements.

I am aware signing the Agreement is required for my admission to the group.

I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

Printed Name	Signature	Date

*Analin Flores, LMFT 108171*  
*Salpi Maghakian, LMFT 99684*

*Date: 06/01/2023*  
*Date: 06/01/2023*