



EXPAND WELL BEING

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INFORMED CONSENT FOR GROUP COUNSELING

Welcome to Expand Well Being. I appreciate you giving me the opportunity to be of service to you. This pamphlet answers questions that clients often ask about group counseling. I believe that our work will be most helpful to you when you have a clear idea of what to expect from group counseling. Please do not hesitate to ask me any questions you may have regarding this pamphlet. You will be asked to sign a 'Consent to Treatment' form once you have read and understood the information in this pamphlet prior to beginning treatment.

What to Expect from Group Counseling

Group counseling can be a powerful and valuable setting for healing and growth. It is my desire that you reap the entire benefits group has to offer. To help this happen, groups are structured to include the following elements:

- A safe environment in which you are able to feel respected and valued as you work
- An understanding of group goals and group norms
- Investment by both the therapist and group members to produce a consistent group experience

A Safe Environment

A safe environment is created and maintained by both the facilitator of a group and its members. Primary ingredients are mutual respect and a chance to create trust. Another primary ingredient for a safe environment has to do with confidentiality. Your group facilitator is bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group. I realize that you may want to share what you are learning about yourself in-group with a significant other. This is fine as long as you remember not to talk about how events unfold in-group or in any other way compromise the confidentiality of other group members.

Potential Risks

As with any powerful treatment, there are some risks with counseling. For example, there is a risk that you will experience uncomfortably thoughts or feelings during the course of treatment. Also, clients in counseling may have problems with people they are in close relationships as dynamics may change throughout the course of therapy. Sometimes a client's problems may temporarily get worse before they get better. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with my best efforts, there is a risk that you may not get the results you were hoping for, and there are no guarantees of specific results.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the Ethical Framework for Good Practice in Counseling & Psychotherapy. In your best interests, the Ethical

Framework for Good Practice in Counseling & Psychotherapy puts limits on the relationship between a therapist and a client, and I will abide by these. It is important that you understand these limits, so you will not think they are personal responses to you.

First, I hold an LPC license to practice counseling - not law, medicine, finance, or any other profession. I am not technically qualified to advise you from these other professional viewpoints.

Second, laws and the rules of the Ethical Framework for Good Practice in Counseling & Psychotherapy require me to keep your information confidential. Limits to confidentiality are explained in the "About Confidentiality" section of this pamphlet. If you encounter me in public or socially, I cannot take the initiative to greet you. I will, of course, acknowledge you if you approach me first, but to protect your privacy I will do my best to remain oblivious to your presence in a concerted effort to maintain the confidentiality of your relationship.

Third, in your best interest, and following the LPC Code of Ethics, I can only have a professional relationship with you. I cannot have any other role in your life. I can never have a social, sexual or romantic relationship with any client before, during, or after, the course of group counseling. And I cannot have a business relationship with any of my clients, other than the therapy relationship. Bartering for services is not allowed.

Fourth, if you ever become involved in a divorce or custody dispute, please understand that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because of your therapeutic relationship; and (2) the testimony might affect that therapeutic relationship.

About Confidentiality

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. It is your legal right that your records are kept private. If you would like us to consult with other professionals, like psychiatrists, school counselors, or physicians, to consult or collaborate on your treatment, we will ask that you sign a Release of Information so that we can legally share your information.

In all but a few rare situations, your confidentiality is protected by law and by the ethics of the LPC Code. Here are the most common limitations to confidentiality:

1. In case that you were sent by a court or an employer, for evaluation or treatment the court or employer expects a report from the treatment provider.
2. If your records are subpoenaed by a judge or the therapist is subpoenaed to appear in court.
3. If you make a serious threat to harm yourself or another person, the law requires your therapist to try to protect you or that other person. This usually means telling others about the threat.
4. If there is reasonable concern for the abuse or neglect of a child, disabled or elderly person, your therapist is legally required to report information to the authorities.

Other Safety Factors

1. Members of a group should not engage in discussion of group issues outside of group.
2. Members of group should remember that keeping confidentiality allows for an environment where trust can be built and all members may benefit from the group experience.
3. Your group facilitator will monitor discussions and maintain a respectful environment to keep safety and trust a priority.

Attendance

Your presence in-group is highly important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group this dynamic suffers and affects the experience of you and other members of the group. Therefore, I ask that you make this commitment a top priority for the duration of the group. This means that you agree to attend group even when you don't feel like it. It is understood that occasionally an emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact me before group begins and let me know you will not be present. If you must miss group for non-emergency reasons, please let me know at least 24 hours prior to the group meeting for that week.

What to Expect

Group time consists of both teaching and processing time. Processing may revolve around an issue one or more members of the group are working on, with time for structured feedback and reactions by other members of the group. At times the group may focus on a topic with all members verbally participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself and the world around you. These dynamics provide a very powerful environment for change. Remember, the more you give of yourself during the sessions, the more you will receive. The more honest and open you are, the more you allow for insight and growth.

Scheduling and Fees

Please be on time for group. The group session starts at the time scheduled and ends 90 minutes from that time. If you are late, please understand that group must end as scheduled so that I may start on time for the next client.

Payment for services is an important part of any professional relationship. It shows that you value your healing and personal development. Closed groups, which begin and end with the same participants, are charged up front for the entire course of the group. Please note that if you have to miss a group session or decide to leave the group, there will be no refund. Full refunds are honored if you withdraw prior to the initial session. Open groups are paid on a weekly basis. The fee for this group is 1.500 INR per group session.

Communication

The most common reason to contact me between sessions would be for scheduling purposes, which is why I have provided online scheduling through my website www.expandwellbeing.com. Please use this feature whenever possible. In case of an emergency, please dial 112. Otherwise, you may contact me via phone or email. Texting and email is not a secure form of communication and your therapist cannot guarantee confidentiality.

Therapist: Alexandra Putlitz Phone: _____

Email: alexandra.putlitz@gmail.com



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CONSENT TO TREATMENT

I have received a copy of the Informed Consent pamphlet and have had the opportunity to discuss any of the information found therein with my therapist. I know that I can ask about any of this information at any time with my therapist throughout the course of group counseling. I understand that after counseling begins, I have the right to withdraw my consent to group counseling at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending group counseling.

I understand that no specific promises have been made to me about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for counseling to be effective. I understand the benefits and risks of therapy.

I understand the legal protection of my private records and personal health information, and also the limitations to confidentiality as outlined in the Informed Consent.

I agree to pay for services at the rate of _____ for _____ weeks. I understand that missed appointments and cancellations will not allow for a refund of fees.

I agree to act according to the points covered in the Informed Consent For Group Counseling. I hereby agree to enter into group counseling with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Client signature

Date

I, the therapist, have discussed the issues above with the client. I agree to enter into group counseling with the client, as shown by my signature here.

Therapist signature

Date