

ELIZABETH GOMART, LPC
PSYCHOTHERAPY
INDIVIDUAL COUPLE GROUP

INFORMED CONSENT FOR GROUP THERAPY

- **A ONE-YEAR COMMITMENT** to attending group therapy is required from new members to allow for the patient to learn how to use the group therapeutically.
- **ADDING GROUP THERAPY to a treatment Plan:** Group therapy is an additional form of therapy that is used to learn new ways of related to self and others. Patients are expected to continue in their weekly individual therapy along with group for at least 12 months. Any foreseeable issues with this treatment plan need to be discussed in individual therapy.
- **GROUP SESSION LENGTH AND FEES:** The session rate for a **75 minute group is \$175 as of January 1, 2024. My rates will increase each year on January 1st.**
- **ON-TIME ARRIVAL:** You are responsible for coming to your group session on time and at the time we have scheduled. If you are late, send me a text at least 5 minutes before group.
- **ABSENCES:** Regular, weekly attendance is necessary for the treatment to be effective. Frequent absences will get in the way of achieving a therapeutic effect. In case of a foreseeable absence, please let me and your group know at least one week in advance. If you are sick or have an emergency, please communicate with me before the start of the group.
- **CANCELATIONS:** There are **NO cancellations for group sessions** because spots are limited to regular members. All members will be billed for all sessions held.
- **TERMINATION:** The decision to leave the group is one that requires reflection and collaboration and must be brought up in session. Plans for termination should not be communicated by email, text or phone message. Allow for a collaborative termination process in one or more group sessions.
- **CONFIDENTIALITY:** What is said in the group remains strictly confidential. It is subject to HIPAA rules. As a rule of thumb, group members can discuss their experiences in group with outsiders as it pertains to themselves. Any identifying information of other members (identity, family history, current life situations) must be held confidential, and is enforceable under DC law.

I, (Name of Client) _____, have read this informed consent form, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand that I am responsible for the fee per session and I have discussed the cancellation policy. I understand my rights and responsibilities as a client and my therapist's responsibilities to me. I know I can end therapy at any time I wish And that it is best to terminate in session.

Client signature _____ Date _____

I, Elizabeth Gomart, LPC have inquired to insure that the patient understands the above description.

Therapist's Signature: _____ Date _____