



## Mithrah Holistic Services ABN: 428 943 834 92

Web: [www.mithrah.com](http://www.mithrah.com) Email: [Contact@mithrah.com](mailto:Contact@mithrah.com)

# Informed Consent form for group therapy

Please read through the information below and feel free to ask your questions about our sessions and/or anything about us. Once you are ready to participate, please sign this informed consent form below so we will have on our records that you have read the information and that you have been properly informed about the therapy.

### WHAT IS GROUP THERAPY

Group Therapy is a unique kind of therapy where a group of people who are likely experiencing similar challenges in the period of their lives gets together to share their difficulties which as a result give and at the same time, receive help from each other.

We make sure to maintain a safe environment that is conducive both for sharing and accepting each other where each can grow and trust one another and where each and everyone will feel respected and valued.

### CONFIDENTIALITY

We respect each and everyone's right to privacy and confidentiality and we shall make sure to maintain it that way. However, please understand that this is not absolute and is limited to provide for by law. Certain limitations are as follows:

- Threatening one's self or another that may result in physical harm;
- An act of physical or emotional abuse against a child or any person;
- Sexual abuse against a child where the child is living with the abuser;



- Whenever we are summoned by court order to disclose information against a participant. However, we shall notify you and let you exercise your privilege in the right to deny the disclosure of your records with us.
- Your prior written consent to release records.

## **CONDUCT AND RELATIONSHIP**

For the safety it is necessary that the following is required to be complied with by its members:

Discussions made within the group session are not allowed to be discussed outside with anyone and should maintain the practice of confidentiality in order to build trust with fellow members;

- Members should maintain positivity and not induce disrespect among others;
- Members should not be drunk, nor they are allowed to take alcohol or take drugs before or during therapy or within the place of therapeutic session;
- Maintain conduct that brings respect to fellow members' thoughts, emotions, or behavior.
- Refrain from having a relationship with a fellow member other than therapeutic while engaged in the session.

## **THE THERAPIST(S)**

The therapists should maintain a professional relationship with the participants all the time and no more than that during the session. Any relationship with a participant may result in a "dual relationship" and may affect the goals of the session. However, in a community setting, and when the therapist happens to be a member of the same community, the therapist will ensure that the matters that are private to the group therapy sessions will never be discussed publicly unless the client initiates. The therapist(s) may not avoid public and community gatherings. However, they will follow the ethics and boundaries of community counsellors/therapists and may avoid any discussion or interaction with clients unless the situation demands. For example, in some community settings, community workers/therapists/counsellors may work as volunteers to serve or distribute food to community members and the general public including clients at community events. In such unavoidable circumstances, therapists will ensure community ethics and professional boundaries are maintained.



## WHAT TO EXPECT

The sessions consist of processing on the issues that a member is involved where the others will give their feedback and reaction towards the said issue. This helps each member understand the issue from a different perspective in order to understand others. This also helps with one's reflection about his or her situation which can then help for insight and personal growth.

## Consent by the client for group therapy

I agree to adhere to the norms and expectations for group therapy as indicated above. I acknowledge that I have had the opportunity to ask questions and such questions were answered clearly and to my satisfaction.

### Client:

First Name:

Last Name:

Signature:

Date:

### Facilitator/Therapist

First Name: Shyamala

Last Name: Dhamarla Venkata Subba Rao

Signature: *Shyamala PV*

Date: Same date as that of the client



## Consent Form for Community Group Counselling Services by Therapist

Dear \_\_\_\_\_ [Client's Name],

I, \_\_\_\_\_ Shyamala

DV \_\_\_\_\_

[Therapist's name], am providing counselling services to you in a community setting. This consent form aims to clarify the nature of our counselling relationship and the confidentiality measures in place.

**Nature of Counselling:** I will be providing counselling services to you as a community counsellor. This means that our interactions may occur in community settings, such as local gatherings, public events, or other places within the community where you feel comfortable and safe.

**Confidentiality:** As a community counsellor, I am committed to maintaining your confidentiality to the best of my ability. However, please be aware of the following:

1. **Community Member Role:** While I am bound by professional ethics to uphold confidentiality, I am also a member of this community. This means that I may interact with community members outside of our counselling sessions. I will always strive to maintain your confidentiality during these interactions.
2. **Public Settings:** It may not always be feasible to avoid public or community gatherings where our paths might cross. In such cases, I will respect your privacy and confidentiality. If we encounter each other in a public setting, I will not initiate any conversation regarding our therapeutic relationship and/or sessions, or acknowledge our counselling relationship unless you initiate contact first.
3. **Limits to Confidentiality:** In rare circumstances where there is a risk of harm to yourself or others, or where required by law, I may need to disclose information to ensure your safety or the safety of others. I will discuss any such disclosures with you unless there is an immediate risk of harm.



### Client Responsibilities:

- It is important for you to inform me if you have concerns about our interactions in community settings or if you prefer that our sessions take place in specific locations within the community.
- Please notify me if there are any changes to your contact information or if you wish to discontinue our counselling sessions.

**Agreement:** By signing this form, you indicate that you understand and agree to the conditions outlined above regarding our counselling sessions in community settings. You also acknowledge that you have had the opportunity to ask questions and seek clarification about any aspect of this consent form.

### Client's Signature:

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

Community Therapist's Signature: *Shyamala DV*

Date: \_\_\_\_ Same date as that of the client

Please retain a copy of this form for your records. If you have any questions or concerns about this consent form or our Community counselling or group therapy sessions, please do not hesitate to discuss them with me.

Thank you for your trust in my counselling services.

Sincerely,  
Shyamala Dhamarla Venkata Subba Rao

[Community Counsellor's Name]

[Contact Information]

[www.Mithrah.Com](http://www.Mithrah.Com) Contact@mithrah.com



