

Recovery On Purpose

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Consent for Group Therapy

Robert Glenn Kaminsky MC, Registered Provisional Psychologist, CSAT

I look forward to beginning our group therapy work together. It is important that you first review the following information and policies before we start. In order to start the next module, you will need to review and sign these forms and bring them with you to the first group meeting. Please feel free to ask me any questions you may have.

I am a registered provisional psychologist [1203p] and a Certified Sex Addiction Therapist supervised provincially by Mahmoud Shabani-Ghazvini [#1811]. Your confidentiality is very important to me. I do not acknowledge you as my client, or share any information with anyone about you without your prior consent. Should you request that I speak with another professional or person (i.e. doctors, current or former therapists, teachers, family, friends or anyone else outside the therapy room), I will first ask for your written consent.

What you disclose to me in group therapy is confidential except information relating to child abuse or suspected child abuse, elder abuse, dependent adult abuse, intent to harm self or other, or unless mandated by a court of law. Legally, I am a mandated reporter of abuse or intent to harm another. If you are suicidal or homicidal, I will take all reasonable steps to prevent harm to yourself or another.

I receive all telephone messages and return calls as soon as I am able. Please always leave your phone number and the best time to reach you. Let me know if it is urgent and if I may leave a message at this number. If it is a life and death emergency, you are advised to call 911. It is important to understand that any email sent or received over the internet may be intercepted by outside sources, and therefore may not be completely confidential.

You agree to be free of drugs or alcohol at the time of group therapy sessions.

You agree to make arrangements for child care as this is an adult setting.

Recording [visually or audibly] in group is not permitted.

Cell Phones: Due to the sensitive nature of group therapy, I ask that you turn off completely all cell phones, handhelds and pagers (this includes ringers, camera or video phones, music tones, and the vibrate, 'buzz' or silent mode), in order to respect the process and other group members during the 90 minutes we meet each week.

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Group therapy sessions are weekly, and are scheduled in advance. Each group therapy session is 90-minutes and begins and ends on time. The group is closed at 10 members. You have a reserved spot in this group for the established number of sessions (see below). This means that you are agreeing to honor your commitment to the group process, and you are responsible for the fees for this reserved spot for each session. Payment is due prior to the start of the first session and is non-refundable regardless of whether you attend group. Please arrive on time to respect other group members. When it is time to end our group sessions, I ask that we have a final closure session to integrate the work we have done and to close appropriately with other members.

Group Fees: On occasion I may offer a client a reduced fee due to a serious financial situation. Please respect my right to privacy and use discretion around discussing your group fee with others.

Task-oriented theme group fees (please check which group you provide consent for):

<input type="checkbox"/>	Connections (Shame Resiliency) – 10 sessions (90 minutes each)	\$650.00
<input type="checkbox"/>	Distress Tolerance – 5 sessions (90 minutes each)	\$400.00
<input type="checkbox"/>	Facing Addiction (Substance Abuse) – 8 sessions (90 minutes each)	\$550.00
<input type="checkbox"/>	Facing Heartbreak (Partners of Sex Addicts) – 7 sessions (90 minutes)	\$500.00
<input type="checkbox"/>	Facing the Shadow (Male Addicts) – 7 sessions (90 minutes each)	\$500.00
<input type="checkbox"/>	Families in Recovery – As required – 5-10 fifty minute sessions	\$1000.00
<input type="checkbox"/>	Recovery Zone I ~Internal Tasks – 9 session (90 minutes each)	\$600.00
<input type="checkbox"/>	Recovery Zone II ~External Tasks – 9 sessions (90 minutes each)	\$600.00

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CONTACT: Please respect the privacy of your group members in contacting one another via phone or email. If you should see each other in public, please understand that not every group member may welcome contact outside of group depending on their individual circumstances. Please respect confidentiality boundaries.

MEETING OUTSIDE OF GROUP: It is up to you if you choose to meet outside of group. While you may bond with some members over others, please consider reducing cliques and exclusivity as part of your group experience. Please keep contact to a non-sexual nature.

GROUP HOMEWORK: Often, exercises are assigned in group. Some of the exercises may stir up feelings that are difficult for you to process initially on your own. You are asked to participate to your comfort level or window of tolerance and keep the group therapist informed of any difficult or challenging feelings that arise. If you are triggered with a particular reading assignment or exercise, please set the homework aside until you speak to the group therapist and/or your own therapist. I recommend a 2 hour calming time before bedtime where you will not work on the paper assignments or access your computer.

GROUP RULES: Please respect the boundaries of other group members and the facilitating therapist(s). Group is about growth and healing, and feedback from group members is to be framed around respect and affirmations. Advice giving is not feedback. Refrain from behavior that will impede the process of group such as: tardiness, multiple absences, frequent interruptions, challenging other members or the leader in an aggressive manner, silence, passive-aggressive comments, negative criticisms, and/or monopolizing time during your share. Please express yourself appropriately and minimize your profanity. I will give you clinical feedback both within group and periodically outside of group in order to help support your process. This feedback is an important part of the group experience. If you are unable to abide by the group rules, or are not able to respect boundaries, the facilitator's direction and feedback, I will speak with you and go over the group rules and policies. If after I speak with you, you continue to disrupt the group, you will be asked to leave the group.

TERMINATING GROUP: Because of the bonding aspects of group, if, due to an unforeseen emergency you are unable to finish group, I will ask that you attend a final group in order for the other members to have closure. Your fee will stand for the remainder of the group meetings, unless this is a life-threatening emergency. Please note that the group experience is different for each member. Some members may attend 1-2 modules and receive the support and growth they need, while others may find that they will attend group much longer than this. Moving forward into the next module is at the discretion and direction of the group therapist. If you are not asked to move forward, it is not a negative statement about you as an individual. There are many reasons why a group therapist may refer a client out of the group including: the client has received

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what he or she needs from the group, the client is breaking group rules, the client is no longer participating in group, the client is missing groups, the client has met their group goals, the group no longer serves the needs of the client. If I refer you out of group and/or do not ask you to move forward into the next module, please understand that this is a clinical decision and in the best interest of your healing process and that of the group. I will do my very best to provide you with other support referrals that may include 12-step or individual therapy.

Emergency Contact Person: _____ Phone #: _____

Relationship to you: _____

Are there any health issues that I need to be aware of as your group leader? If so, list here:

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Consent for Group Therapy:

I _____ consent to treatment in Group Therapy with Robert G. Kaminsky, Provisional Psychologist [1203p] and Certified Sex Addiction Therapist doing business with Recovery On Purpose Counselling Services.

I recognize that any information I hear within the group and revealed to me by other clients is strictly confidential. I agree not to disclose the name or any information about any member of the group to anyone outside the group. Such a violation of this trust will result in immediate termination from the group. I agree to follow the rules of group as outlined on the intake form. I understand limits of confidentiality as outlined in the Group Policy Form. I understand that my spot is held for me for the established number of sessions and that the fee is due prior to the initial session. I understand that my fees are non-refundable due to your reserved spot being irreplaceable. I understand that if I am unable to respect the boundaries of the group, I will be asked to leave. I understand and agree to respect the therapist's clinical direction. I further understand that even if I abide by all the policies and group rules, I may be referred out of group after the module ends to another group or another form of therapy outside of Recovery On Purpose as determined by the group therapist. I understand that this is not a personal statement about me; rather it is a clinical direction by the group therapist in what best supports my clinical needs.

If you have any questions please discuss them with me. Your signature indicates you understand and agree to group policies, limits of confidentiality, group rules, fees, attendance, termination, and referral out of group.

I have read, understand, and agree to the above clinical policies:

Client (print name)

Client (signature)

Date

Clinician

Title

Date

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