

Arizona State University
Clinical Psychology Center

GROUP THERAPY AGREEMENT

There are both benefits and limitations to group therapy that differ from individual therapy. Group therapy is not recommended for all clients. You and your therapist may choose to use group therapy if you and your therapist agree that it is in your best interest. However, your therapist may determine that group therapy is not the best treatment option for you. Or, you may decide that group therapy is not meeting your needs. If this occurs, you will be provided individual therapy or a referral to another provider.

Confidentiality in Group Therapy

You have the right to confidentiality under federal and state laws relating to the receipt of psychological services (see Informed Consent document). The Clinical Psychology Center (CPC) maintains these confidentiality and privacy standards for group therapy. However, confidentiality from other group members is not protected by these same standards, and the CPC cannot control what information other group members may disclose. Your confidentiality cannot be guaranteed in group therapy. Therefore, confidentiality within group therapy is a shared responsibility among all members and is based on mutual trust and respect.

You agree to not disclose to anyone outside the group any personal information about another group member. If participating in a group through telepsychology, you agree to use a private setting where the group conversation cannot be overheard or observed by others. If you breach confidentiality, you may be asked to leave the group.

Therapist Contact Outside Group Therapy

Your therapist may need to meet with you outside the group. This may occur due to you experiencing a crisis, concerns about your or others' safety, to discuss your treatment plan and progress in therapy, or to arrange a transfer, referral, or discharge. You may also request to meet with your therapist outside of group.

You agree to meet individually with your therapist as needed, either in person or through telepsychology services.

Additional Group Agreements

- *You agree to be on time for group and notify the CPC if you cannot attend.*
- *You agree to be respectful of the therapist and other group members.*
- *You understand you are not required to disclose any information you do not feel comfortable discussing in group.*
- *You understand that you may be asked to leave the group if you are disruptive or negatively affecting other group members.*
- *You understand that in-person group sessions may be recorded for training purposes. You understand that in-person and online groups may be observed by the therapist's supervisor or other therapists-in-training. You will be notified prior to any recording or observation of group sessions.*

I have read, understand, and agree to the above.

Client Name (Please Print)

Parent/Guardian Name (if applicable)

Client/Parent/Guardian Signature

Witness Signature

Date Signed

Date Signed