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## Teen Anxiety Group – Informed Consent for Participation

I will treat what is discussed in our group with great care. My profession's rules and the laws of MN licensure prevent me from telling anyone what group members talk about, unless they give me written permission. These rules and laws are the ways our society supports the privacy of what we talk about. What this means is that our group discussions are confidential. However, I cannot promise that everything group members tell me will never be revealed to someone else. There are a few times when the law requires me to share information with other people. We will discuss this so that you understand what I cannot keep private. Please read below carefully. During the first group meeting we will discuss any questions you have about this. "Secrets" I cannot keep:

**1. When you or others are in physical danger**, the law requires me to tell others about it.

Specifically:

a. If I come to believe that you are threatening serious harm to another person, I am required to try to protect that person. I may have to tell the person and the police, or have you go to a hospital for further evaluation.

b. If you seriously threaten or act in a way that is very likely to harm yourself, I may have to find a hospital for you, or call on your family members or others who can help protect you. If such a situation does come up, I will fully discuss the situation with you before I do anything, unless there is a very strong reason not to.

c. In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterward.

d. If I believe or suspect that you are being abused. I have to file a report with a state agency. To "abuse" means to neglect, hurt, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this is your situation, we will discuss the legal aspects in detail before you tell me anything about these topics.

In any of these situations, I would reveal only the information that is needed to protect you or the other person. I would not tell everything you have told me.

### **Other Limits to Confidentiality**

A safe environment is created and maintained by the group facilitator and its members. Although therapists are bound by confidentiality as stated above, as group members you are bound by honor to maintain the confidentiality of your peers. I ask that you do not discuss the group, its members or what is said in the group with others. I realize you may want to talk about the work



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you are doing or other significant ways the group has impacted your life. This is fine, but please remember to not compromise the confidentiality of other group members in the process.

**Attendance:**

Your attendance is very important. A group dynamic is formed when all members participate consistently; this creates an environment of growth and supports coping and/or change. When you don't attend, the group dynamic suffers and the experiences of other members are affected. If you are going to be absent from the group, please contact me to notify me in advance.

**What to Expect:**

In this six week therapy group, high school students will learn practical techniques to increase their confidence and courage, with the ultimate goal being to reduce their anxiety. The group will work to master anxiety reduction by exploring reasons for anxiety, as well as learning coping skills, relaxation techniques, and strategies for interrupting negative thoughts. Together, teens will learn to trust themselves and regain control over their lives from anxiety.

**Fees:**

The group costs \$50 per session. Please let me know if you are going to submit your claims for insurance reimbursement and I will provide you with further information.

**The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of group member/Adolescent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name