



Kellie  
Johnson

Relationship  
& Sex Therapist

## Consent for Treatment in Group Therapy

Welcome to your group! It is very important that you review the following information and policies. In order to start the next module, you will need to **sign and date these forms and return them by the first group meeting**. Please feel free to ask any questions you may have.

- **Your confidentiality is very important to me.** I will not acknowledge you as a client, or share any information with anyone about you without your prior written consent. Should you request that I speak with another professional or person (i.e. doctors, current or former facilitators, spouses, teachers, family, friends or anyone else outside of the therapy room), I will first ask for your written consent. This form is called a Release of Information and can be found on my website, under forms at [www.leveragepointe.com](http://www.leveragepointe.com). I retain the right to decide whether to agree to discuss, consult, or meet with your requested party even with this written release in place as it may not support your healing process to do so.

- Please keep my contact phone number on hand. Messages are checked daily by each facilitator, and calls will be returned as soon as possible and within 24 hours. **Please always leave your phone number**, even if you think it is on file, and the best time to reach you. Let your facilitator know if it is urgent and cannot wait until group, and if your facilitator may leave a message at your phone number. If it is a life and death emergency, you are advised to call 911 immediately and not to wait for a return call from a Leverage Pointe facilitator. Please respect your facilitator's boundaries around frequent contact outside of the group. If there is frequent contact, Leverage Pointe will require that you pay for that time.

- **In order to attend a group with Leverage Pointe, you must have a minimum of 3 months of therapy within the last year, and you must be currently attending therapy. Additionally, a pre-screen phone meeting is required for all clients before admittance into the group. There are no exceptions to this group requirement.**



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• **What you disclose in group therapy is confidential. However, there are limits to confidentiality.** I take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, facilitators are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your facilitator will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide).

If you are homicidal and make a serious threat to hurt another person(s), your facilitator will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if I am court ordered, to release records in a criminal case (I do not participate in civil hearings such as divorce or custody), I must abide only by a court order signed by a judge.

**Mandated Reporting of Incidents Involving Minors** A minor is defined as any person who is legally under the age of 18. Your facilitator is obliged under Hawaii law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

However please understand that we are mandated reporters of any sexual acts involving minors. **Any incident involving minors and illegal sexual activity or abuse, we are legally required to report this to the proper authorities.**

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all facilitators and staff at Leverage Pointe.

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Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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- **Confidentiality when working with others you know:** There are occasions where your facilitator from Leverage Pointe may provide therapy for someone you know (a spouse, family member, co-worker or friend) either for individual, couples, or group therapy. If your significant other is seen in some capacity, boundaries of confidentiality will be upheld on both sides. Thus, what you share in group stays in group and is not discussed with your significant other or acquaintance. If you ask for information regarding a person you know that is also a client, this will not be discussed with any client unless there is a signed release of information in place from that person.

- **Secret Keeping:** While all people are entitled to a degree of privacy, secret keeping can be very damaging to your personal relationships and clinical trust in the therapeutic relationship. I reserve the right to discuss ways in which you may be able to share information with your significant other/family member/friend within a couple's or conjoint session with a signed release.

It is also important to understand that if your significant other reveals something in group that he/she **chooses not to share with you**, even with encouragement to do so, **a facilitator cannot force a client to share secrets**, no matter how serious, and must uphold confidentiality (unless it falls under the limits of confidentiality as described above). Thus we will not be able to discuss this with you if we work together in individual or group therapy and also work with your significant other in some other capacity within the practice.

- **Acknowledgment of Attendance:** Please sign here if your facilitator may acknowledge your attendance in group to your spouse, friend, family member or significant other. **Please note that acknowledging you does not give permission to share details or information from your group therapy:**

Name of person you may acknowledge my attendance to is:

\_\_\_\_\_

Relationship to this person is:

\_\_\_\_\_



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Client's Signature of Consent:

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**Group Rules:**

- You agree to be free of drugs or alcohol during group therapy sessions.
- You agree to make arrangements for child care as this is an adult setting.
- Recording (visually or audibly) in the group is not permitted.
- You agree to miss no more than two group meetings per module. Should you miss more than this you will be asked to leave the group, and you will be required to pay for the remaining sessions as your space is reserved for you.

If you are unable to abide by the group rules, are not able to respect boundaries, or the facilitator's direction and feedback, the facilitator will speak with you to review the group rules and policies. If after discussing this, you continue to disrupt the group with absences or other difficult behaviors, you will be asked to leave. A facilitator is under no obligation to keep a client in group if they do not feel it is in the best interest of the client or the group process.

- **Cell Phones:** Due to the sensitive nature of group therapy, we ask that you turn all electronic devices, cell phones and home assistants (for example: Alexa or Google) completely off (this includes ringers, camera or video phones, music tones, and the vibrate, 'buzz' or silent mode, or flashing light mode), in order to respect the process and other group members during the 90 minutes we meet each week.

Sometimes, we may use smart phones for particular group exercises (i.e. to play a song, or read part of the homework, or follow along in the book). However, unless we are reading from the book, or it is your turn to present your exercise, phones are to be turned off and put away. The only exception to this is if you are expecting an emergency call, are a physician on call, or need to be in touch via phone with a family member for medical care, for child care, or for some other emergency.

- **Group therapy sessions are weekly, and are scheduled in advance.** Each group





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session is 90-minutes and begins and ends on time. Please arrive on time to respect the other group members. The group is closed at \_\_\_ members, with an additional spot held for clients in need. You have a reserved spot in this group for 12 sessions. This means that you are agreeing to honor your commitment to the group process. We ask that you miss no more than 2 meetings in a module as this impacts the flow and bonding of the group. We meet for 4 weeks in a row, then take the 5<sup>th</sup> week off, 4 weeks on, the 5<sup>th</sup> week off, etc.

- **Payment:** Payment is due at the start of each month for all group meetings in that month. All payments are non-refundable whether or not you attend the group.
- **Group Fees:** On I may offer a client a reduced fee or pro bono spot due to a serious financial situation. Please respect the privacy of others and use discretion if you choose to discuss your group fee. The group fee is \$35 per group member per group. There is no sliding scale for group fees.
- **Contact:** Please respect the privacy of your group members in contacting one another via phone or email. Some group members prefer to maintain their privacy outside of the group, while others welcome the contact. The best rule is to ask the group member what they prefer. If you should run into each other in public, please understand that not every group member may welcome contact outside of the group depending on their individual circumstances. Please respect confidentiality boundaries.

**Please respect boundaries around frequent contacting of the group facilitator outside of group.**

- **Meeting outside of a group:** It is up to you if you choose to meet with one another outside of the 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 non-sexual in nature. Please do not gossip or make suggestive statements or negative comments about your fellow group mates or group facilitator. When in doubt, don't.
- **Professional Conduct:** Each member is welcome to discuss their work in group as it



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applies to their healing process. However, networking for business or soliciting other group members for business ventures, sales, etc. is not a part of the group process. Please refrain from doing this within the group.

- **Group Homework:** On occasion exercises will be assigned in group. Homework is sent via email and you are responsible for printing and keeping track of your homework. The group facilitator is not responsible for printing services. Some of the exercises may stir up feelings that are difficult for you. You are asked to participate to your comfort level and keep the group facilitator abreast of any difficult or challenging feelings that arise.

If you are triggered by a particular reading assignment or exercise, please set the homework aside until you speak to the group facilitator and/or your own facilitator. Each person will have his or her own experience with group assignments. Some members may enjoy a particular exercise, book, article and such, while others may not.

Your honest experience with exercises, assignments, and reading is important and valuable, however, please refrain from making ongoing derogatory statements about the homework or exercises while reflecting in group as this may bring up shame for others, and may impact their willingness to share openly if they had a more positive experience with the homework. A group book will be assigned each module. This is your responsibility to purchase and to stay on top of the reading.

- **Profanity or Slurs:** Please express yourself appropriately and consider that profanity can be powerful and also may be triggering to certain group members who have early trauma with respect to a parent's or significant others use of profanity. It is understandable that some profanity may occur. Language that is directed at someone hurtful or demeaning to others (specifically: ethnic insults, sexual orientation slurs, gender or racial slurs, or offensive spiritual remarks) will not be tolerated.

- **Spirituality:** It is important to note that not everyone in your group will share your spirituality or religious beliefs and practices. Clients attending this group may be of many different faiths, or may not have a formal religion at all. Please do not assume your higher power is the same for each member. Additionally, some individuals have spiritual and religious trauma. While you are welcome to discuss your faith, your God, and/or your



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spiritual path, please do so with sensitivity and respect the boundaries of others.

- **Non Discrimination:** Leverage Pointe does not discriminate on the basis of race, sexual orientation, religion, gender, or for any other reason. We welcome into our groups many different individuals from many different backgrounds. **We do not tolerate racial, religious or sexual orientation slurs or insults.** Doing so is a form of bullying and is not tolerated. We seek to create safety and connection in the group and ask that you refrain from this kind of behavior.

- **Group Focus:** Please respect the boundaries of other group members and the facilitator. Group participation is about growth, insight building, challenging self, and healing. Feedback from group members is to be framed with truth, respect and affirmations. Advice is not feedback. Redirecting back to you is not feedback.

Refrain from behavior that will impede the flow of group such as: complaining at length, tardiness, multiple absences, frequent interruptions, aggressively challenging other members or group leader, silence, passive aggressive comments, refusing to receive or give feedback, negative criticisms, and/or monopolizing time during your share.

- **Group Process:** We typically start each group with a gratitude activity, a brag (high point) and a stretch (low point) of the week. This means that you will be asked to share ONE high and ONE low from your week and to be open to feedback from the group. This is not the time to discuss at length all of your highs and lows of the weeks, please choose one of each to bring into your group so that each person has a chance to share and to receive feedback and so that the group has time for the exercise processing. If you tend to run over, the group facilitator may ask you to wrap up your share time.

- **Group Feedback:** The group facilitator 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.

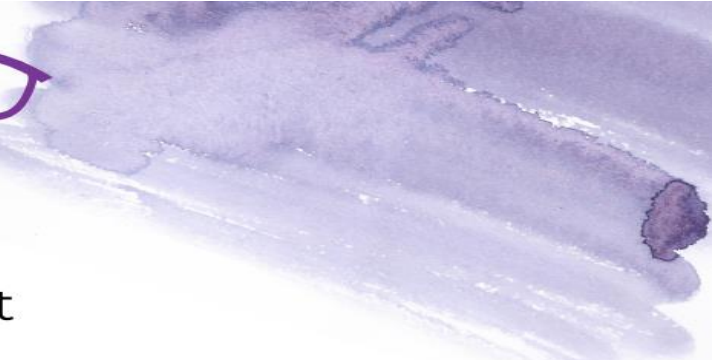
- **Terminating Group:** Because of the bonding aspect of group, if you are unable to finish a module due to an unforeseeable crisis or emergency, I will ask that you attend a final group in order for the other members to have closure. Your fee will stand for the



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remainder of the group meetings, unless the reason for your early departure is due to a life-threatening emergency or health crisis.

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 need to attend group much longer, some for years. **Moving forward into the next module is at the discretion of the group facilitator.** 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 facilitator may refer a client out of the group including: The client has received what he or she needs from the group, the client has met their group goals, the group no longer serves the needs of the client.

If you are referred out of group and/or you are not asked 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. We will do our very best to provide you with other support referrals that may include 12-step or individual therapy. If you choose not to move forward to the next module, the group facilitator does not personalize this decision.

**Client Contact Phone#:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

Are there any physical or mental health issues that your group leader needs to be aware of? If so, list here:

If there is a health emergency within the group and your group facilitator is required to call 911 on your behalf you give Leverage Pointe permission to do so and agree to

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assume all financial debts related to this. Please initial here \_\_\_\_\_.

Is there anything else that will be important for your group facilitator to know? If so, list here:

**PLEASE REVIEW, SIGN AND DATE THE FOLLOWING PAGE AND BRING THESE FORMS TO YOUR FIRST GROUP MEETING. YOU MAY NOT BEGIN GROUP WITHOUT THE SIGNED AND DATED FORMS. THESE FORMS WILL COVER ALL GROUPS AND MODULES FROM THE SIGNED DATE FORWARD UNTIL TERMINATION AT A FUTURE DATE/MODULE.**

I, \_\_\_\_\_ consent to participate in Group with Kellie Johnsen.

- I recognize that any information I hear within the group revealed to me by other clients is strictly confidential. I agree not to disclose the name of or any information related to 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 the group as outlined on the intake form. I understand the limits of confidentiality as outlined in the Group Policy Form. I understand that a facilitator is a mandated reporter of abuse.
- I understand that my spot is held for me for these 12 sessions and that the fee is due for each session even if I do not attend. I understand that fees are due for the month at the start of that month.
- 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 facilitator's clinical direction. I further understand that even if I abide by all the policies and group rules, I may be referred

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out of the group after the module ends to another group or another form of therapy outside of Growth Counseling as determined by the group facilitator. I understand that this is not a personal statement about me; rather it is a clinical direction by the group facilitator in what best supports my clinical needs.

- If my group facilitator sees a spouse, partner, friend or family member in another group or for individual therapy, I understand that the group facilitator will not discuss my group therapy information or experience with my spouse, friend or significant other, nor will my group facilitator answer questions or discuss with me any information that my spouse, friend or significant other may share in their therapy or group.
- I understand that my facilitator will not be placed in the position of a secret keeper. If my group facilitator works with my partner or spouse in some other capacity and I reveal a secret in the group that could impact my significant other, I agree to work with my facilitator to determine if this information should be revealed in a clinical session.

**If you have any questions please discuss this with your group facilitator. 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's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's name (printed): \_\_\_\_\_

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## Client Credit Card

### Authorization Form

***Please note that the information on this form will be securely entered and stored in a HIPAA compliant online virtual terminal that is password protected for your safety. Once your information has been entered by your facilitator to the secured terminal, these paper forms will be shredded and destroyed immediately to protect your information. While all secure methods to protect your information are in place, and we take your safety seriously, no company can 100% guarantee that any online system cannot be breached, thus you are accepting responsibility and risk in allowing Leverage Pointe to store your information for therapy charges.***

I authorize my facilitator with Leverage Pointe, Inc. to keep my signature and card information on a virtual terminal file that is password protected and HIPAA compliant in order to charge therapy session fees (individual, group, workshops, couples, family or other), and any fees related to therapy related materials (workbooks, DVD's, CD's, and other materials, and/or fees), or for any appointments with my facilitator that are not cancelled 78 hours before the scheduled appointment time to be charged to my credit, charge, or debit card as filled out below for therapy services provided to:

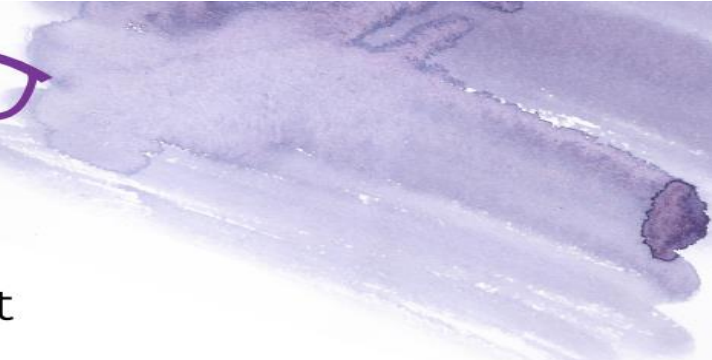
\_\_\_\_\_  
(Therapy Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in an online protected client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised. I understand that charges for ongoing services or materials will normally be posted to my credit/debit/flex card account within 48 hours of each session date and **my session fee will be charged at the start of the day on the day of my session.** Additionally, I agree that the card listed below may be charged by my facilitator with Leverage Pointe, Inc. in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services including any materials (i.e. books, CD's, DVD's ) that I have not returned within one week of completion of my therapy services. I understand that if a charge back fee is incurred or a retrieval fee of is incurred I am responsible for these fees. \_\_\_\_\_ (Initial here)



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I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact my facilitator with Leverage Pointe for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with my facilitator and those attempts have failed. \_\_\_\_\_ (Initial here)

Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by this persons facilitator at Leverage Pointe. \_\_\_\_\_ (Initial here)

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above:

Cardholder Name (print): \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Card Type (**circle one**):    1. Visa    2. Mastercard (Note: GCS does not accept AMEX)

Acct. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_

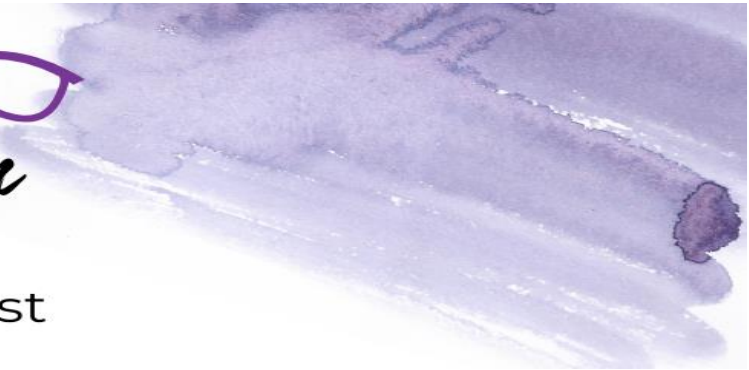
I understand that my therapy sessions will be charged via this form and not by swiping my card on the morning of my session unless cancelled 72 hours in advance:

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Acknowledgement of Receipt of Privacy Practice Notice

By signing below, I hereby acknowledge receiving and reviewing the Leverage Pointe, Inc. Notice of Privacy Practices and Limits of Confidentiality.

\_\_\_\_\_  
Client's Name (print)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

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