

Victoria Elkins, LCSW P.A.
670 Goodlette Road
Suite 208
Naples, FL 34102
(239) 919-4989

Group Confidentiality

As evidenced by my signature below, I agree to participate in group therapy with Victoria Elkins from Victoria Elkins, LCSW P.A.. I acknowledge that, with group therapy, there is a risk of disclosure of confidential information by persons in the group to individuals outside of the group. I agree that I will not disclose information learned by me during the course of any group session and will protect each participant's right to confidentiality. I agree to hold Victoria Elkins and Victoria Elkins, LCSW P.A. harmless from any claims or liability resulting from my disclosure of confidential information to a third party outside of a group session. I further agree not to hold Victoria Elkins responsible, and release Victoria Elkins, LCSW P.A. from same, for/from any claims of liability that I could assert as a result of disclosure of my confidential information by co-participants in my group therapy session.

I agree to work in this group. This means openly talking about my thoughts and feelings, honestly reporting my behaviors, keeping my promises, exchanging helpful feedback with other members of the group and attending all scheduled therapy sessions.

I agree to be prepared for group therapy. This includes arriving and leaving on time, completing all homework assignments in a timely manner, and having the needed materials.

I understand I may choose to discontinue group therapy at any time. However, prior to doing so I will discuss it with Victoria Elkins.

Client

Date

Therapist

Date