

## INFORMED CONSENT FOR GROUPS/WORKSHOPSSDK Counselling

Sheryl Davis-Kahn, MA,RCC

NAME OF PARTICIPANT (PRINT PLEASE):\_\_\_\_\_

CONTACT INFORMATION (email & phone):\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

DOB:\_\_\_\_\_

### ZOOM ONLY

Groups and workshops can be educational, informative, & therapeutic. Knowing that you are not alone and that there are others experiencing similar concerns can be validating, helpful, healing & supportive. There is immense benefit to sharing ( only if you choose to do so).

As your group facilitator I will strive to ensure a safe & supportive environment.

### CONFIDENTIALITY:

In a group environment we have to all undertake the responsibility of confidentiality. As the group facilitator I will uphold the rules of confidentiality. However there are some exceptions to confidentiality which I am bound by law:

Threatened harm to self or others

Suspected child abuse (or neglect ) or elder abuse

### LIMITS OF LIABILITY:

Not all group participants will be private clients. Therefore my responsibility as a group facilitator is limited to the group. Should an emergency situation arise, I ask that you please go to your nearest Emergency and or call your Dr.

Online workshop (zoom) has its own limitations. In the event of an emergency I do not have the capability of providing emergency services or reaching you directly.

FEES: The fee per workshop/group session is \$45

Some workshops/groups are one time only. Others are weekly.

I acknowledge that I have read all of the above and that I understand the information and provide my consent.

SIGNATURE:\_\_\_\_\_

DATE:\_\_\_\_\_