



Informed Consent- Groups

Confidentiality

Confidentiality is important for the group to be a safe space for everyone. Please keep the things other group members say confidential. Your group leader will also keep your information confidential. The only exceptions to this are to protect the safety of you and others. We may need to report reasonable suspicion of child abuse; elder abuse; dependent adult abuse; or intervene if you present a danger to yourself or to others; or by court order. Additionally group leaders may process information from the group with their clinical supervisor and supervision group, but these clinicians are also bound to keep your information confidential.

Emergency Contact Policy

Please note that Shine a Light Counseling Center is not a crisis counseling center or an emergency provider. If you experience a mental health crisis, please call the Santa Cruz County Access Team (Santa Cruz county) at 800-952-2335, Monterey County Mental Health Crisis Line (Monterey county) at 831-755-4111, Suicide Prevention at 877-663-5433, or 911.

Contacting Your Counselor

Please call your counselor's direct phone number, or email them at their direct email address, as that is the best way to assure they receive your message in a timely manner. Do not call the Shine a Light main phone number to communicate with your counselor or give notice about late arrivals or cancellations.

Fees & Payment

The group fee is set by the group leader. Please make sure you know the fee before beginning the group.. Cash, check, and credit/debit cards are accepted. There will be a \$25.00 fee charged for any returned check. Unfortunately we are unable to bill for services, or allow a client to "carry" a balance owed. And we do not refund payments for missed group sessions.

Group Purpose

Groups at Shine a Light Counseling Center are designed for personal growth and self-development. They are not designed as treatment for mental health conditions. The group may be a useful adjunct to any psychotherapy treatment, but is not intended to serve as a psychological treatment itself.

Signature

My electronic signature indicates that I have read and understand the terms of providing my credit card to Shine A Light Counseling Center. I understand that my credit card may be charged for the reasons indicated above. I also understand there are no refunds given. Any questions I have about this practice have been answered and I give my full consent to charge my credit card under the circumstances above. This agreement is valid until termination of services.