Support and theme groups provide an opportunity to learn and to share as people come together to explore common experiences or concerns. For optimal benefit from your group participation, we ask that you agree to the expectations outlined below.

**I. Confidentiality**

Members may not discuss the identity or identifying information, or share the reactions of any member of this group with anyone outside of the group. You may talk about your own personal reactions, and are even encouraged to do so outside of group, but not about others’ identifying information or reactions. If you are engaged in mental health services with a provider in the community for mental health concerns, we may ask for a release of information so that we may coordinate your care (e.g., discuss appropriateness of group as a treatment option, update provider about your progress, concerns about your safety, and termination of services). It is your responsibility to inform the group leader of any change in your treatment, (e.g. taking medication, stopping individual therapy, or changing individual therapists). Exceptions to confidentiality with regard to your therapist(s) still hold: imminent danger to self and/or others, child/elder abuse, subpoenaed records, and threat to national security. State law requires that all C&CS providers at UHS, as employees of the University, report the total number of students seen who report that they have been sexually assaulted. Only aggregate numbers are reported. Identifying information is not.

**II. Attendance**

Members are expected to make a commitment to attend for the agreed time frame of the group. Members are also expected to arrive for the group on time every week. Group will always start on time. If you are running late or have an emergency/illness that prohibits you from coming to group, we ask that you call or send a secure message to one of the leaders. If you know ahead of time that you will miss a later group session, we ask that you share the date of your absence with the group beforehand. Group will also always end on time, no matter what is being discussed. Weekly attendance will allow everyone to continue the discussion that may feel unfinished at the end of a session.

**III. Participation**

Group members are expected to actively participate, both listening and supporting others as well as sharing their own challenges and successes. Group is an opportunity to receive feedback in a supportive setting. However, each individual is ultimately responsible for deciding how best to use the feedback that is provided to them. If there is “homework” to be completed between meetings, it is expected that you will take the time to be thoughtful and complete the task. All members take responsibility for their own process of change.

**IV. Relationships with other Members**

You may develop supportive connections with group members outside of the group. If this occurs, it remains important that you do not discuss the group or other members during these times. If you have any concerns about the group or other members, please bring these items back to the group to be discussed. Every group member has the right to decline contact with one another outside of the group. If you have difficulty or concerns managing any of these boundaries, please ask the group leader(s) for support.
V. Completing Surveys for Group

Members are requested to complete the survey before the first and the last groups of the semester. It is important that you arrive **10 minutes early** to complete the survey before these groups to allow the group leader(s) to review the survey before the group begins. If you are unable to complete the survey before the group, please forego the survey and ensure you arrive early in the future when the survey will be administered. The purpose of the survey is to assist the group leader(s) in assessing your progress toward your goals in treatment.

VI. Safety

If you experience risk of harm to self or others at any time during your group participation, it is your responsibility to (1) contact your individual or group counselors; (2) use access consultation; (3) call the after-hour crisis line at 608-265-5600, option 9; or (4) go to the nearest emergency room or call 911. If risk of harm to self or others is identified at any time during your group participation, a safety plan will be created.

VI. Recording

As part of your participation in group therapy, sessions may be recorded for training purposes. The recordings of our sessions will be kept confidential in the same way that our conversations are held in confidence. No person outside of UHS will have access to the recordings. The recordings will be reviewed by the group leader(s) and/or by the group supervisor to insure that you are receiving the best possible services. All recordings will be deleted upon conclusion of supervision. If you have any questions now or in the future about this policy on recording, please contact your group leaders or the Group Therapy Coordinator, at (608) 265-5600, option 2.

__________________________
Signature

__________________________
Date

__________________________
Printed Name

__________________________
Student ID

__________________________
Parent/Guardian Signature (for minor clients)

__________________________
Date

__________________________
Signature of Leader

__________________________
Date

__________________________
Signature of Leader

__________________________
Date