Laura T Ashford, LCSW, PLLC

547 Keisler Dr. Suite 104

Cary NC 27518

919-971-8732

Telehealth Group Therapy Request and Permission

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request treatment through the voluntary group therapy group facilitated by Laura Ashford.

I understand that this group is primarily for support and peer guidance and is meant be complimentary to my individual treatment with Ms Ashford.

I understand that information revealed in this group can be used by Ms Ashford to further my individual psychotherapy treatment.

I understand that this group will expose me and some of my personal information regarding my psychotherapy treatment with Ms Ashford to the other participants of the group.

I realize one of the expectations of the group is confidentiality but this cannot be guaranteed by the group members from Ms Ashford.

I understand that I control the amount of information I share and that I can leave the group at any time without penalty or prejudices toward my individual psychotherapy with Ms Ashford.

I understand that Ms Ashford is not liable for the behavior/treatment by the group members.

I understand that the policy agreement signed with Ms Ashford for other treatment modalities is also applicable for this treatment modality.

I understand this group is to be held virtually through the Doxy.me treatment platform and any breaches of confidentiality will be addressed with this group directly.

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Signature Date

Group Therapy Ground Rules

* I will prioritize the therapy sessions and make every effort to attend and be mentally and emotionally present for all sessions.
* I will maintain confidentiality of the group members by not exposing any information shared here with anyone outside the group to include but not limited to the names of the participants.
* I will participate as I feel comfortable.
* I will listen without judgement.
* I will share honestly and respectfully with the intension of supporting, encouraging and empowering the members.