

Informed Consent for Group Psychotherapy Services

You have been referred for Group Psychotherapy treatment for Anxiety and/or Depression by your primary healthcare provider. Services are short-term in nature and will involve attending a series of group sessions. Each session will be two hours in length once per week. This is a cohort group therapy model delivered by two trained social workers/psychotherapists.

You will be asked to complete assessment questionnaires in session and outside session time on Greenspace's secure online platform to track your own progress throughout treatment. In order to view your results, you are required to log in to your account using your password. Passwords and responses are encrypted. Greenspace ensures your private and personal information and results are protected and safeguarded. The only people that can see your personal information and assessment results are you and your care team. The purpose of using the Greenspace platform is to help your therapists track your progress, involve you in the treatment process and support achieving a better outcome.

You may stop this assessment or any follow-up services at any time. However, in order for you to receive the full benefits of treatment we encourage you to continue. Information obtained from the assessment will be discussed with you and included in your clinical notes, and a brief summary report of your treatment participation will be provided to your primary healthcare provider (family doctor), including starting date and sessions attended/missed.

Upon completion of the program, a follow-up plan will be shared with you and your primary healthcare provider. A check-in will be provided several weeks after the completion of the program to assess the success of the program and follow-up plan. If required, individual assessments and direct connections to additional community support services may be provided.

Ensuring your privacy and confidentiality are very important to us. As part of a multidisciplinary team, your personal mental health information and reports are accessible to other members of Queen Square Family Health Team, Community Mental Health Program (e.g., your primary healthcare provider) should you have clinical interaction with them. Information will not be shared with people or organizations who are not members of your health care team without your consent (e.g., insurance companies, employers, family members, etc.).

There are five situations in which we have an obligation to reveal information without your consent. These situations include:

- children at risk of abuse or neglect
- risk of suicide or serious harm to others
- sexual abuse by another health professional
- a subpoena by the court
- professional quality assurance evaluations

You are encouraged to ask questions about confidentiality, your assessment, or your treatment at any time.

- Client Reviewed Informed Consent Form
- Consent to Services Obtained
- Consent to Communicate with Primary Healthcare Provider (Family Doctor) Obtained
- Client's Questions Were Addressed (To be discussed during our first session)

Client Name: (print) _____

Client Signature: _____

Date: _____

Witness: _____