

BIPOLAR SUPPORT GROUP

Informed Consent and Policies

Attendance:

In order to increase consistent attendance in the group, and to foster a stronger community, the following policy has been established.

Within each one year period from your start date, you may miss up to 4 group sessions, with no payment required.

It doesn't matter why you are absent. Whether you have a planned vacation, or a cancellation, or a no-show, it is all still counted as a regular absence and will count towards your 4 free days.

After you have used your 4 free days off, you will be required to pay for the session, even if you are absent (for any reason). This pays for your spot in the group.

I realize that illness or occasional work conflicts or family obligations are sometimes unavoidable.

Please plan your budget to include this monthly expense.

Loss of Contact:

If you are absent from group and do not keep me informed of your planned return date, your spot cannot be reserved once you've used up your 4 free sessions, or have been absent and out of contact for 4 consecutive weeks.

Payment:

The cost per group session is \$40 and the full month's payment is due at the first group of the month.

The amount will vary slightly depending on how many groups in that month (4 or 5 weeks).

Please speak to me privately if you have any special circumstances that need consideration.

Confidentiality:

I understand that any information that I share in the group, or with Ben Schwarcz, is private and confidential. I willingly place my trust in the members of this group to hold in confidence, any personal information that disclose to them. I agree to not reveal the name or any personal details of any individuals in this group to anyone outside the group.

I understand that my confidentiality may be broken in the following circumstances:

- If I am unable to keep myself physically safe, or if I intend to take my own life.
- If I threaten violence or bodily harm towards a specific person or group.
- In cases where there is suspicion of child or elder abuse.
- If a judge orders the release of medical/psychological records.

- If I consent in writing to allow the release or exchange of information with a specific person.

Threats of Suicide:

I agree to not make threats of suicide, and if I find that I am unable to ensure my own safety, I will voluntarily accept whatever measures are required to keep me safe. This may include monitoring by friends or family, or could require a psychiatric hospitalization, or intensive out-patient program.

I will complete a written Safety Plan (provided), and give copies to my designated support people.

Alcohol and Other Drugs:

Alcohol and other drugs often interfere significantly with treatment and recovery from Bipolar Disorder. I understand that if I have issues with substance abuse or dependence, in order to remain in the group, I agree to take whatever steps are necessary to work towards abstinence or responsible use. If my progress is significantly impeded by my substance use, I will get extra help to treat my addiction.

Communication with your doctor:

If under the care of a psychiatrist, medical doctor or Naturopathic doctor, I consent to the exchange of my confidential information between Ben Schwarcz and _____ in order to coordinate care, and ensure the best possible treatment.

When You Decide to Leave the Group:

I agree to provide at least two week's notice to the group, of my intentions to leave. Having time to say goodbye is important for you as well as for the other group members who have invested their time, energy, and trust in you.

*I appreciate your commitment to this group.
Your courage and genuine care you show for one another
are the reason that I continue to lead this group.*

Client Signature

Date

Print Name

