

Working Through Grief Psychotherapy Group Consent

Working Through Grief Psychotherapy Group Description:

This psychotherapy group can be particularly helpful for people who are dealing with the death of a loved one. A psychotherapy group offers a supportive setting for someone who is grieving as it is an environment which is safe, non-judgmental, and compassionate. The distress of grieving often goes unspoken. This psychotherapy group offers an opportunity for members to express their feelings and thoughts about their loss as well as an opportunity to hear about how others are grappling with bereavement. This provides a chance for members to feel understood and supported by others, learn from others, and help others who are grieving. Thus, the Working Through Grief Psychotherapy Group allows someone who is grieving to not endure grief alone. This psychotherapy group can also help members deal with an array of emotions experienced during bereavement including sadness, anxiety, regret, guilt, and anger.

Working through grief can provide someone with a greater appreciation of life and can restore hope. People approach bereavement in a variety of ways and this psychotherapy group allows members an opportunity to hear about differing strategies to handle grief. The death of a loved one can lead to a life transition or new life role, and this psychotherapy group can help members adapting to this life change. The group can also help members with self-care and help work through unresolved issues complicating the grief process. While a variety of topics may be talked about in this group, the group discussion will primarily concentrate on members' experience of grief.

The Working Through Grief Psychotherapy Group is led by psychologist Dr. Jeffrey Corpuel. The group is designed to have six to eight members. This group is gender inclusive and open to adults 18 years of age or older who have experienced the death of a loved one. The group is an ongoing and open group with new members coming in and old members (who have completed therapy) leaving. Since there is no one single timeframe for grieving and all people grieve at a different pace, there is no predetermined number of sessions for group members. The open and ongoing nature of the Working Through Grief Psychotherapy Group allows the group to have members dealing with various stages of grief.

Structure:

The group meets for one and a half hours on Thursdays from 5:15 to 6:45. The group therapy will be divided into three sections: Check-in, discussion and wrap-up. When new members are present, an introduction will take place at the beginning of group.

- Introduction: An introduction will take place when a new group member is present. Old members will say something about themselves to the new member and then the new member will say something about him or herself to the old group members.
- Check -In: The check-in "go-round" is the opportunity for each group member to briefly update the group about how they are doing, especially with regard to their bereavement status. (This section takes about 15 minutes.)
- Discussion: The discussion section is the main segment of group. The discussion section will primarily focus on members' experience of bereavement but will allow group members to talk about anything of significant concern to them. The discussion section

may occasionally incorporate a group exercise (such as bringing in a photo or meaningful belonging of the loved one, sharing a eulogy) or a particular discussion topic (such as self-care, culture and grieving, or how to deal with a loved one's belongings). (This section takes about 65 minutes.)

- Wrap-up: Wrap-up "go-round" where each member says what they thought or felt about the group session. (This takes about 5-10 minutes.)

Possible Risks and Benefits of the Working Through Grief Psychotherapy Group:

In terms of possible the benefits this group can help members get support and feedback from others, not feel alone in their grief, deal with the emotions of grief (such as sadness, anxiety, regret, guilt, and anger), restore hope, and work through unresolved issues complicating grief. In terms of possible risks, while this type of group typically helps people in the ways described above, there are no guarantees and it is possible that participation in the group will not be helpful. Another risk is that since we will be talking about issues which can be distressing, a group member may come to feel upset in the course of group.

Working Through Grief Psychotherapy Group Rules:

1. Everything talked about in group is confidential and stays in group. Group members may not reveal the names or identities of other group members. Members may talk with people outside the group about their own individual experience in group but may not talk about other group members or reveal any identifying information about other group members. The only confidentiality exceptions are the therapist's exceptions (as outlined on Page 3 of this document).
2. Group must be a safe environment and group members will use words not physical actions to express themselves.
3. Significant interactions with other group members outside of group are discouraged. However, if a significant outside interaction with another group member does occur, the members must inform the group of the interaction.
4. Regular attendance is expected in group.
5. If a group member is going to be absent from a group session he or she is asked to notify the group of his or her absence with as much advanced notice as possible. Notification can occur in a prior group or by telephoning Dr. Corpuel.
6. The fee for each group session is \$55. (This fee may differ for group members whose insurance plans are contracted with PsychStrategies and Dr. Corpuel.)
7. Since a group member's place in group cannot be filled by anyone else group members will be charged for missed sessions. Except for medical emergencies and three advanced scheduled vacation days per year, group members will be charged for missed sessions from group.
8. Since insurance companies will not pay for missed sessions group members must pay the full fee of the missed group session.
9. The amount of the full fee for a group session is \$55. This amount may change if there are changes in the group fee or reimbursement rates of a group member's insurance plan. If there is any change in the group fee Dr. Corpuel will discuss this with the group.

10. Group members are to pay Dr. Corpuel their copays and fees for group sessions in advance by paying for all of the month's sessions before the first group session of each month.
11. When group members are considering terminating the group they are asked to talk about this decision in group. If a member has decided to leave group he or she must inform group of the termination at least 3 weeks before termination.

Working Through Grief Psychotherapy Group Expectations:

Group members: Members are asked to abide by group rules, be regular in their attendance, be on time for group, turn cell phones off before group, be willing to talk about the experience of grief, listen to other group members, be as open and honest as possible, take appropriate risks in group, and help make group a safe environment.

Therapist: The therapist is responsible for creating a safe group environment, keeping the time and membership boundaries, helping members work through grief, helping group members better understand themselves, and helping members work through their psychological difficulties.

I have read and understand the above Working Through Grief Psychotherapy Group description. I agree to participate in the Working Through Grief Psychotherapy Group and abide by the rules and expectations described above.

_____	_____
Client Signature	Date
_____	_____
Therapist Signature	Date

PsychStrategies Office Practices

Legal and Ethical Policies: Without pressure or coercion I consent to treatment for myself. All information disclosed in sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission except where disclosure is required by law.

The reporting of information disclosed in session is *required by law* under the following circumstances:

- If a client presents an imminent danger to self or others or is gravely disabled (severely disoriented or in danger due to a psychiatric condition) authorities must be notified.

- If a client expresses a serious threat of harm to an identifiable person that person must be warned and the police must be notified.
- If there is *reasonable suspicion* of child, dependent, or elder abuse or neglect authorities must be notified.

The reporting of information disclosed in session *may be required*:

- If the client's mental status is placed at issue in litigation initiated by me.
- In the event of a court order or subpoena, information, records, or testimony about the client may have to be produced.

I have the right to review and/or receive a copy of the client's protected health information. If the treating clinician deems that releasing such information might be harmful in any way, the clinician will either deny my request or provide the records to an appropriate and licensed mental health professional of the client/guardian's choice.

I may end treatment after I provide Dr. Corpuel and the group with at least three weeks advanced notice of my planned termination.

Financial Responsibilities: I assume primary financial responsibility for all professional services rendered and understand that any balance due will be billed to me on a monthly basis. I am responsible for the standard fee of \$55 per session or insurance contracted rate per session. Payment for all of the month's sessions is due before the first session of each month. Insurance co-payment per session is \$ _____.

Cancellation Policy: As described above, except for three planned vacation days per year and medical emergencies, I will be responsible for payment of all missed group psychotherapy sessions. I will be charged the full fee of \$_____ for missed appointments. Please be advised that missed appointments and cancellations are *NOT* covered by insurance.

If payment of the client's account is over 120 days late or if it goes to collection, all fees including collection and attorney fees will be my responsibility.

Insurance Policies:

I consent to have claims submitted to my insurance company. Yes _____ No _____

I am ultimately responsible for charges incurred even though services will be billed to my insurance company. PsychStrategies will bill my primary insurance company only. PsychStrategies will not bill a secondary insurance (except when Medicare is the primary insurance). A receipt for services can be provided upon request. I understand that not all issues/conditions/problems that may be the focus of treatment are reimbursed by insurance companies.

I consent to have PsychStrategies release my protected health information to my insurance company in order to receive payment for claims. I understand that my protected health information will include diagnostic information, dates of service, and other information as requested by my insurance company for payment. I understand that PsychStrategies has no

control over or knowledge of what insurance companies do with the submitted information or who has access to this information after it is released.

It is my responsibility to verify the specifics of my insurance coverage and be aware of and inform PsychStrategies of any changes that may occur to my insurance coverage. It is my responsibility to be aware of the amount of insurance co-payment and any changes to the amount of the copayment.

General PsychStrategies Policies: I consent to release of my protected health information to all PsychStrategies clinicians who participate in my treatment.

EMERGENCY PROCEDURES:

- ***Non-Emergency:*** To contact my clinician between sessions, I can leave a message on the voicemail number provided. Clinicians check messages regularly during the week.
- ***Emergency:*** If I think I am having an emergency, I will call 911, or call Sonoma County Crisis Unit (707 576-8181) or go to the nearest Emergency Room.

Satisfaction Survey: I agree to allow PsychStrategies to mail a Satisfaction Survey to my mailing address. Yes No

The Satisfaction Survey will be mailed within one year of my first appointment.

Grievances & Appeals: It is the policy of PsychStrategies that the client/guardian or other individual who voices concerns, complaints, or grievances has the right, within a responsible period of time, to file a grievance to be heard by an impartial staff member (General Manager). The General Manager of PsychStrategies will provide a written response to a grievance within twenty (20) working days from the date a grievance is filed. If additional time is needed due to extenuating circumstances, the client/guardian will be given written notification.

The following procedure will be observed when a grievance is to be filed with PsychStrategies.

- 1) When a client/guardian expresses a concern, complaint, or grievance regarding past and/or present services, he/she must submit in writing and must be signed by the client or the individual submitting the grievance on the client's behalf (must include the date, time, description and name(s) of the clinicians and/or staff member(s) involved) to:
PsychStrategies, Inc.
Attn: General Manager
1160 North Dutton Avenue
Suite 230
Santa Rosa, CA 95401
- 2) If the griever is not satisfied with the General Manager's response, he/she may submit the written grievance to the President of the Board of Directors, Robert Mosby, PhD. The President of the Board of Directors will provide a written response within fifteen (15) working days.
- 3) If the griever still feels the grievance has not been resolved, he/she will be advised and referred to outside entities.

- 4) The General Manager will keep a written record of all grievances received. This record will include a copy of the grievance, documentation reflecting process used and resolution/remedy of the grievance (if applicable, also any documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one [21] working days). The General Manager receiving and/or addressing a complaint will provide the necessary documentation and, when appropriate, refer the person to a more appropriate resource. Records will be kept in a locked filing cabinet accessible only to the General Manager and President of the Board of Directors.

Periodically, the General Manager will review the grievances for informational purposes that may be used in enhancing the clinical services PsychStrategies provides.

If the client's insurance company denies additional sessions I may appeal for additional sessions. Appeals to decisions made by PsychStrategies may be made directly to my insurance company. Appeals/Grievances regarding my insurance company can be made to the Department of Managed Healthcare at (800) 400-0815.

I request a copy of this form. Yes No

If requested, a copy of this form was provided to the client. Date: _____ Therapist Initials: _____

I have read the above statements, understand them, and agree to comply with them:

Client (Signature)	Date	Print Name
Therapist (Signature)	Date	Print Name