



Informed Consent for Online Support Groups

This group is a free online support group and NOT a clinical group. This means that we will not need to diagnose anyone, keep a health record, or work with insurance. It also means that your facilitators are there to hold group structure and help keep the space useful for everyone, but will not be providing therapeutic interventions to individuals or families.

Groups occur Wednesdays 6:00-7:30 pm. The first round begins Feb 17th. We will create a pool of 15 attendees, and hope that attendees commit to at least 5 sessions in order to build trust and deepen your relationship with each other. However, attendance is not mandatory. If and when attendance becomes consistently low, the group can decide to reopen to new members.

What to Expect

Many people are nervous, excited, or unsure of what to expect their first time at group. We encourage you to attend as best you can, and participate as little or as much as feels comfortable for you. We also know that after the first group, many people feel much more comfortable and connected.

Confidentiality

We strive to ensure confidentiality in our groups for the safety of our participants. We set group expectations that all participants maintain confidentiality outside of group; however, we cannot ensure that group participants will do so. While your facilitator is not acting as a therapist in this group and is not restricted by HIPAA law, they will do their best to honor your confidentiality. If you express imminent danger to yourself or others, we will respond responsibly and refer you to the appropriate support networks. We will help you contact the necessary organizations which will assist you and others to be safe from harm.

Facilitator role and qualifications

Groups are facilitated by community advocates and peers with varying ranges of educational experience. While in group, your facilitator will provide group management, help guide the focus of group, and be available to address any concerns that come up during group. If significant emotional or psychological need arises, facilitators will provide additional care for the duration of group. This may include a one-on-one conversation, inviting another facilitator to engage with the participant, or referring the attendee to crisis resources. Because support group participants have not necessarily contracted for individual therapy services with Brave Space, we will help refer you to additional resources if emergency care or longer-term care is needed. If you have interest in starting individual or family therapy with a Brave Space clinician, we will be happy to schedule you for an intake appointment or add you to our waitlist. If you have an individual therapist that you would like us to coordinate with, we will have you provide us with written permission to do so.

Dual Relationships

It is common in our community to have multiple types of relationships with the same person. In group, you may ask your partner or close friend to attend group with you; you could have an ex-partner attend group without you knowing; you could know the facilitator from some other place. These types of relationships can make it more difficult to feel like group is a place that everyone can be as open and honest as possible, and it can lead to another group member knowing or saying something that you wish wasn't shared. It can also lead to attendees feeling like some members are more connected or special than others, or more conflict is happening



between certain members. Therefore, we strongly advise attendees minimize dual relationships as much as possible. Your facilitator is able to help navigate these issues during or after group.

Timeliness

In order to respect the time of all members, we expect participants to arrive within 5 minutes of group start. If you consistently arrive late, a group facilitator may check in with you to help brainstorm ways to arrive on time.

Documentation

Group demographics, group dynamics, and group content may be shared between your facilitator and with Brave Space administrative staff. This information is confidential and will only be shared with your facilitator and our grant funders in a way that does not disclose who you are. Data will be reported to our grant funders, Oregon Health Authority and the Oregon Alliance to Prevent Suicide, in order to see if the groups have met their goals. By filling out this form, you agree to have your information disseminated in this way.

If you require information about your group attendance for your records, you may request this in writing by contacting Kate Kauffman, LPC, at 503-389-5801, or kate@bravespacellc.com.

Safety

During groups, we expect all participants and facilitators to strive for a space free of physical, emotional, or verbal harm. We expect that respect will be given for each unique experience during group. If group participants or facilitators impart harm to another, immediate efforts will be made to mend the harm, either with facilitator support, or with an additional facilitator's support. Facilitators reserve the right to refuse services to those who cannot ensure safety.

Termination of Group Participation

Participants are enrolled in groups on a voluntary basis, and may choose to end services as they see fit. We appreciate knowing ahead of time to help groups adjust to leaving members. Brave Space and its facilitators reserve the right to determine whether attendees will remain in group if they cannot commit to the expectations stated here.

More Information

If you would like more information about Brave Space's policies and procedures regarding client rights, please contact Kate Kauffman at 503-389-5801, or kate@bravespacellc.com.

By checking the boxes below, I agree to the following statements:

- I understand the limits to confidentiality, and I agree to maintain group confidentiality when I am not at group.
- I have read and understood the informed consent statement and have had an opportunity to have my questions answered.
- I am fully aware of the risks and hazards connected with Groups including but not limited to the risks identified in this form, and agree to voluntarily participate in Groups knowing these risks to myself and my property.



I hereby agree to indemnify and hold harmless Brave Space, LLC and its affiliates and members of this support group from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity.

I understand that my attendance at group does not enroll me in individual or family therapy with Brave Space, and if I need additional services, I must schedule a formal intake appointment.

Signature of group attendee

Date

Printed Name