

Balanced Wellness Therapy Online Youth Group Intake & Consent Form

Client

Name: _____
First Name Last Name

Address: _____
Street Town Postal Code

Birthday: _____
MM DD YYYY

Email: _____

Phone Number: _____

Emergency Contact

First Name Last Name

Relationship

Phone Number

Goals for the Youth Group:

Consent Form

Group Facilitator: Hanna Woods, RP
Practice Name: Balanced Wellness Therapy
License/Registration #: 17694

Purpose of the Group

This online youth group is designed to provide psychoeducation, skill-building, and facilitated peer discussion in a supportive environment. The group is not a substitute for individual psychotherapy, crisis services, or medical care. Participation is voluntary.

Format and Technology

The group will be conducted virtually via Google Meet. Sessions will not be recorded by the facilitator. Participants are strictly prohibited from recording sessions.

Confidentiality

Confidentiality is an important part of creating a safe group environment. The facilitator will maintain confidentiality in accordance with professional and legal standards. Limits to confidentiality include risk of harm to self or others, abuse or neglect of a minor, or court order/subpoena, as required by law. While group members are expected to respect each other's privacy, confidentiality cannot be absolutely guaranteed in a group setting.

Communication Outside of Group

*The facilitator is only responsible for communication that occurs **within scheduled group sessions** and through official practice communication channels. Balanced Wellness Therapy is **not responsible for any contact, communication, relationships, or interactions that occur between participants outside of the scheduled group sessions**, including but not limited to texting, social media contact, online messaging, gaming platforms, or in-person meetings.*

The group is not a supervised social network. Parents/guardians are responsible for monitoring their child's online activity and interactions outside of group sessions. Participants are discouraged from connecting privately outside of the group without parental knowledge and consent.

Safety and Crisis Policy

This group is not a crisis service. If a participant is experiencing a mental health crisis, they or their parent/guardian should contact:

- 911 (if in immediate danger)
- Crisis Lines: Suicide Crisis Help Line (988) or Kids Help Phone (1-800-668-6868)

- *Their primary care provider*

The facilitator may contact a parent/guardian or emergency contact if there are concerns about safety.

Risks and Benefits Potential Benefits:

- *Increased coping skills*
- *Emotional support*
- *Improved social connection*
- *Psychoeducation and personal insight*

Potential Risks:

- *Emotional discomfort when discussing personal topics*
- *Possible breaches of confidentiality by other participants*
- *Technology-related disruptions*

Group Expectations

Participants agree to:

- *Treat others respectfully*
- *Avoid bullying, harassment, or inappropriate language*
- *Maintain confidentiality*
- *Participate from a private setting when possible*

The facilitator reserves the right to remove a participant from the group if behavior compromises safety or group integrity.

Parental/Guardian Consent

I understand the nature of this online youth group and consent to my child's participation. I understand the limits of confidentiality and the facilitator's role.

I acknowledge that the facilitator is not responsible for interactions between group members outside of scheduled sessions.

Parent/Guardian Name

Signature

Date (MM/DD/YYYY)

Participant Agreement

I understand the purpose and expectations of this group and agree to participate respectfully and maintain confidentiality.

Participant Name

Signature

Date (MM/DD/YYYY)