



**Carolinas Group Psychotherapy Society**

**2019 Fall Conference**

**Connecting in the Moment: *Group Process and Improvisational Theater***

**Informed Consent**

As this conference/workshop includes an experiential small group component, by my attendance, I am agreeing to participate in an experiential small group. In the small group, I understand that I will be encouraged to share my personal reactions, and to hear the personal reactions of others, as part of the learning experience. I acknowledge that this can involve the experience of potentially difficult emotions. As this conference/workshop is designed to be primarily a training experience, not a therapeutic experience, I acknowledge that have resources outside of this conference that I can call upon to help me manage any difficult feelings that may result from my participation (e.g., access to a psychotherapist or consultant).

The boundaries and expectations of privacy and confidentiality will be discussed at the outset by my group leader. I acknowledge my shared responsibility to maintain those boundaries and expectations, and I agree to respect the confidentiality of all participants.

I also agree not to record any parts of this program, including the experiential small group.

My signature below acknowledges that I have read, understood, and agree to abide by these terms.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)