



Skill Enrichment Series

“Behind the Curtain”

The Myth of Therapist Anonymity – Clinical and Ethical Implications

Instructor: **Ed Mahoney, M.Th., D.Min, LPP**

Date: Friday, April 12th, 2019

Time: 9:00 a.m. – 4:30 p.m. (Lunch is on your own)

Location: TBD

Cost: \$100.00

Please make checks payable to: **MHCGM**

MHCGM Category 1 and Category 2 employees may attend free of charge.

Registration: Class size is limited; please complete the attached registration form to reserve your seat.

Description: The long-held principle of strict therapist anonymity has been shifting to a more flexible view of therapist self-disclosure.

The aim of this training is to: Assist participants in assessing the clinical and ethical advantages and disadvantages associated with changing views on therapist anonymity. Instruct participants in evaluating their clinical and ethical decision-making in light of contemporary views on self-disclosure.

- Contact Hours:**
- The Mental Health Center of Greater Manchester is an approved provider of continuing nursing education by the Northeast MultiState Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
The participant will be awarded **6.0** contact hours for attending this program.
 - This activity has been approved for **6.0** Category I Continuing Education **ETHICS** Credits for relicensure by the NH-NASW - Workshop #3406.

Sponsor: The Mental Health Center of Greater Manchester, Manchester, NH

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REGISTRATION FORM

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Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM
ATTN: Charlene Kach, Continuing Education
2 Wall Street
Manchester, NH 03101
Tel: 603-854-8384 / Fax: **603-792-6965**
E-MAIL: kachchar@mhcgm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Required for confirmation & directions

Registration fee in the amount of \$ _____ Master Card Visa

Credit Card #: _____ CCV code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

NEED CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE:

Date Received by MHC-GM: _____

Reservation #: 005503-

To register and pay online by credit card: <https://www.mhcgm.org/events/>

Remember, need to use credit card billing address.