



## **Associates in Counseling and Wellness, LLC**

### **Group Therapy Participation Agreement**

*In order for group to work, a safe environment must be created and expectations for members and the leader must be understood by the participants. One of the best ways to create a safe environment for personal growth is for you to understand and to agree to these guidelines.*

#### I. Confidentiality

Sharing in group can be anxiety-provoking, therefore I ask that you keep all information discussed in the group confidential. This request means that you may not discuss any information shared or the reactions of any member of this group with anyone outside of the group. You may talk about your own personal reactions, and are even encouraged to do that with your individual therapist, but not about others' identifying information or reactions.

Only under the following conditions will I have to share information:

- a.) If you sign a release of information for exchange of information with a third party.
- b.) Therapists are required by law to report to the appropriate agency if there is suspicion of child or elder abuse.
- c.) Therapists are required to intervene appropriately with the threats of serious harm to yourself or others. This could require reporting to police or appropriate agency.
- d.) The court of law subpoenas information for a legal proceeding.

#### II. Attendance

Group members are expected to make a commitment to attend group the entire 5 sessions. Members also agree to come on time each day. If you are running late or have an emergency/illness that prohibits you from coming to group, I ask that you contact me immediately. If you know ahead of time that you will miss a group session, I ask that you share the date of your absence with the group beforehand. Group will always end on time, no matter what is being discussed. Coming back the next time will allow you to continue the discussion.

Members often feel anxious about participating in groups and seeing the results can take time. If you decide to leave before the group ends (before the 5 sessions are over) and have explored your concerns with me and other members, I ask that you come back to the group to say goodbye. Though perhaps

hard to imagine now, members will begin to care about one another and will feel unresolved if you leave without any explanation.

**III. Payment**

The full payment of \$250 for the five 1 1/2 hour group sessions is due before the first meeting. There are no refunds for missed sessions.

For those members choosing to use health insurance, all co-pays are due at the time of service and failure to attend a session will result in a \$50 no-show fee that is not covered by insurance. Also note that if your insurance company reimburses at a rate lower than \$50, a bill will be issued for the difference.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Group Leader

\_\_\_\_\_  
Date