

# Agreement for Group Therapy

As a group member, I have rights and benefits as well as duties, and I understand that some of them are described in this agreement.

This group will be called \_\_\_\_\_ and will meet from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_ at 204 Muirs Chapel Road, Greensboro, North Carolina. The total cost of this group is \$ \_\_\_\_\_, or \$ \_\_\_\_\_ per session. I agree to pay this fee even for group meetings I do not attend, unless I make other arrangements in advance. The purpose of this group is to provide me with the opportunity to achieve the following goals:

- 1.
- 2.
- 3.

I agree to work in this group. This means openly talking about my thoughts and feelings, honestly reporting my behaviors, keeping my promises, and exchanging helpful feedback with other members of the group.

I will attend all meetings of this group from start to finish, even if I do not always feel like it. If I cannot attend, I will tell the group a week in advance (at the beginning of that meeting), or, if it is an emergency, call one of the leaders as soon as I know I cannot attend. If I decide not to go on or am unable to go on with the group, I will discuss my reasons with the group and its leaders, and I will give 2 weeks' notice to the group.

I will not socialize outside the group with any of its members or leaders. This is needed so that everyone will be equals in the group. If I happen to meet a member outside, I will tell the group at our next meeting.

I understand that this group experience is not a replacement for individual therapy. If issues arise that are not suitable for the group's process, I may benefit from individual therapy sessions, for which I will have to pay separately from the cost of the group therapy. I will discuss this with the group's leader(s).

I understand that the leaders are required by law to report any suspected child or elder abuse, or serious threats of harm to myself or another person, to the proper authorities.

With full understanding of the need for confidentiality (that is, privacy) for all group members, I accept these rules:

1. We will use only first names. I promise to tell no one the names of the group members or in any other way allow someone not in the group to learn their names.
2. We will permit no children, spouses, journalists, or other visitors in our sessions.
3. We will not permit any kind of recordings of our sessions, even by our members or leaders.

4. I promise not to tell anyone outside the group about any of the problems, history, issues, or other facts presented by any group member, even if I conceal the name of the member.

5. I understand and agree that if I break rules 1–4 often without meaning to, or if I ever break one of these rules on purpose, I will be asked to leave the group. I will also face a possible lawsuit in which I may have to pay damages. If I reveal private information, I give the offended person or persons the right to recover for damages to his, her, or their reputation for at least \$ . Also, this person or persons may recover for any other damages that can be proven.

6. I understand and agree that the leaders will keep a clinical case record on each individual member, and that this record will not contain information by which any other members can be identified. This record, kept in each member’s name, can be shown to other professionals only with the member’s written consent.

7. I understand that the leaders will keep another record about the group’s meetings and the interactions of the members, and that this record will not be included in any member’s records. This record may not be shown to anyone without the written agreement of all the members and the leaders.

8. Other points:

I have read the points stated above, have discussed them when I was not clear about them, and have had my questions answered fully. I understand and agree to them, as shown by my signature below.

Signature of member (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Please return a completed and signed copy of this agreement to one of the group’s leaders, and you will receive a copy for you to keep.

I, a leader of this group, have discussed the issues above with the client (and/or his or her parent or guardian). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of leader \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Signature of leader \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Copy accepted by group member  Copy kept by leader. This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.