

Individual, Marriage, & Family Enrichment

601 West Nifong – Building 1 Suite 1E
Columbia, MO 65203

Group Therapy Agreement

I agree to participate in the group _____ and understand the group will meet _____ . The cost of this group is _____ per session. I agree to pay this fee one month at a time, in advance, and understand I will be charged for groups I do not attend if I do not give one week's notice that I will not be in attendance.

The purpose of this group is:

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

I will attend all meetings for this group from start to finish, even if I do not always feel like it. If I cannot attend, I will tell the group facilitator a week in advance or, in the case of an emergency, call one of the leaders as soon as I know I cannot attend.

I understand 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.

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 for all group members, I accept these rules:

1. We will use only first names. I promise to tell no one the names of group members or in any 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 members, even if I conceal the name of the member.

I have read the points stated above, have discussed them with 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