

Untangled Counseling

SHIRLEY VALK, LMSW ACSW

CONTRACT FOR GROUP THERAPY

1. As a group member I expect to benefit from participation. I recognize that I have rights and responsibilities as a group member.
2. I will attend all group meetings and be on time. If there is an emergency which prevents me from attending I will contact the group facilitator as soon as possible by calling or texting 616 886-0820. **I understand that I will still be required to pay my designated fee (see schedule below).**
3. I have been informed and understand the limits of confidentiality, that by law, the group facilitator must report to appropriate authorities any suspected child abuse and any serious threats of harm to myself or another person. And, that while it is the responsibility of each member of the group to keep what is said confidential this in no way binds the therapist to things that are not kept confidential by the group members. HIPAA laws do apply. HIPAA regulations are available upon request.
4. The cost of group is \$ _____ per session (see schedule below. The group meetings are for 12 weeks

<u>FEE</u>	<u>Annual Income</u>
\$70	\$70,000 or more
\$65	\$60,000 - \$69,999
\$60	\$50,000 - \$59,999
\$55	\$40,000 - \$49,999
\$50	\$30,000 - \$39,999
\$45	\$20,000 - \$29,999
\$40	\$20,000 or less

5. Respectfully and with full understanding I accept the following rules:
 - Only first names will be used
 - There will be no side conversations or comments, whoever is speaking will be given full attention and respect.
 - Children or other unauthorized visitors are not allowed in group or in the building during the sessions.
 - Recording of the group meetings is not allowed.
 - I agree to not disclose information/problems of any group member outside of group.
 - I will not disclose the identity of any group member outside of group.
 - No food will be allowed in group.
 - I will not abuse any substances on the day of a group meeting.

Client Signature

Date