



GROUP PSYCHOTHERAPY AGREEMENT

Group therapy can be a unique and powerful opportunity to connect with others, share your inner experiences and grow in new ways. The way in which members can learn the most in a group is by being honest and direct with their feelings in the group at that moment, especially those feelings toward the other group members and the therapist.

As a group member you make a commitment to attend the group until you have reached your goals or decide you no longer want to continue. If you decide to leave the group, I ask that you announce this at least 2 weeks in advance to allow time for everyone to explore their feelings and to say goodbye.

Because the group cannot be rescheduled and your spot cannot be filled on an ad hoc basis, you are responsible for paying for every group session whether you attend or not. There are no exceptions to this policy, but if you plan to be out for a length of time, you can leave and rejoin.

Confidentiality

Group members are expected to treat all issues that are discussed in group and all matters that occur in the group with utmost confidentiality, including who attends group. Group members are strictly prohibited from discussing any information shared in group with anyone else, including friends, parents and others. However, group members are free to disclose to anyone their own participation in group. The therapist will keep group matters strictly confidential unless mandated by law to disclose information about child abuse or neglect, as well as serious and imminent danger to self or others.

In addition to rules about confidentiality, group members are expected to:

1. Be on time and attend weekly. Please notify the group in advance if you will be absent or late. If something unexpected comes up, please text Lawrence at 530-341-3945 so I can inform the group.
2. Avoid contact with other members outside of group time and no close friendships.
3. Be respectful of other group members.

Informed Consent for Group Psychotherapy

I understand that group therapy is a joint effort between the therapist, client and the group. I understand that I may hear personal information from other group members which may potentially be upsetting. I understand that I can request to schedule an individual session with the therapist at anytime to discuss feelings which arise in group.

I am committed to the therapeutic goals and to the group agreements for group psychotherapy. I have read the above information pertaining to group psychotherapy and have had an opportunity to ask questions about anything I do not understand.

Teen Signature _____ Date _____

Parent Signature _____ Date _____