



11340 West Olympic Blvd.
Suite 203 & Suite 330
Los Angeles, California 90064

Group Psychotherapy Contract

This contract is provided in order to best provide the quality, safety and appropriate parameters necessary for group psychotherapy. In order to participate in the group, you understand and agree to the following rules and guidelines. Please initial each item and sign the contract. Please ask your group facilitator if you have any questions or concerns or require further clarification.

1) Prompt Consistent Attendance: It is of primary importance that you make an honest effort to attend all meetings, barring unforeseen emergency circumstances. If you are going to miss a group, you are required to contact your group facilitator by phone and inform him or her that you are planning on being absent and the reason. Please do not ask other group member to relay a message for you. Keep in mind that the absence of any group member impacts the group process for everyone. _____

2) Terminating Treatment: Participation in the group is strictly voluntary. You are always able to terminate your participation in the group at any time. However, it is expected that if you decide to terminate from the group that you allow one group session to inform the group and to formally say goodbye to the group. This allows for a healthy process of termination and allows ample time to reflect upon your decision and make sure it is fully processed with the group and that others are given opportunity to communicate their feelings, thoughts and feedback as you leave the group. _____

3) Sexual or Romantic Contact: It is imperative that there be no sexual or romantic contact or dynamic that becomes established between group members or between professionals facilitating the group and group members. Any such feelings or concerns in this regard should be shared openly with the group and processed with the group's input. _____

4) Homework: Homework assignments are sometimes used to promote the work of your therapy. It is important to adhere to the directives of your facilitator and follow through with your assignments. If you have any concerns with a directive or assignment, please voice your concerns with the group and with the facilitator. _____

5) Maintaining Confidentiality and Anonymity: It is imperative and critical that personal information which is shared by group members in or out of group is considered confidential information, private and personal information. Group members need to feel safe and trust that what they disclose with group will not be shared with anyone outside of the group, except with your therapist. Each participant's information must be held in

confidence and not disclosed to anyone who is not a registered member of the group. No identifying information should be shared with a spouse, family member, friend or any other person. "What is shared in group, stays in group". While the facilitator is legally and ethically required to maintain confidentiality, group members must rely on trust and agreement to respect other group members and hereby agree to commit to maintaining confidentiality. _____

6) Undermining or devaluing the therapist or other group members is unacceptable. Gossip or grandstanding is not helpful to the process; concerns or complaints should always be brought directly to the group leader verbally or in writing. _____

7) Fees: All negotiated fees are determined between each member and the group therapist. Group therapy is billed on a weekly basis for the space the client is holding in their group. Clients are billed for their space in the group regardless of attendance. Exceptions are made for religious and national holidays, if group is cancelled, or in cases of major illness or personal emergency. Any other foreseen absences, in which a member needs to miss a group, should be discussed with the group facilitator and the group in advance. _____

I have read and understand the above-mentioned rules and expectations described in this contract pertaining to participation in group psychotherapy at The Center for Relational Healing. _____

Client Name - Print

Client Signature

Date

Therapist Signature

Date