

# HELPING OTHERS HEAL

## COUNSELING TO RESTORE LOVE AND WHOLENESS

### Group Confidentiality Agreement

Thank you for taking this time to be a part of the group process. In order for group to be effective, a safe environment must be in place. Therefore, there are expectations that will be set and these guidelines will add to the success of the group.

1. Confidentiality: Being in an environment where open sharing takes place can be stressful and may feel unsafe. In order for all members to feel safe in sharing their experiences, you are making a commitment to not discuss anything, including other's reactions, with anyone outside of the group. It is healing for you to discuss your emotions and reactions regarding the group process inside and outside of the group, but not about others. What others say in group needs to stay in group. We will be on a "first name basis only" in group to help ensure confidentiality. My legal obligation to confidentiality is as follows: a) if you sign a release of information for exchange of information with a third party; b) if there is a suspicion of child or elder abuse; c) if you threaten serious harm to yourself or someone else (this may be reported to the police or appropriate authorities); d) if a subpoena is presented for legal proceedings.

2. Attendance: Although it may be hard to relate to right now, the other participants in the group will come to depend upon you being there. It is very common for another member to identify with your experience and desire to draw you out in communication to aid in their healing. Being a part of group is a serious responsibility that needs not to be taken lightly. Therefore, being a part of this group will require your commitment. The group meets for seven (7) weeks for 1 1/2 hours per episode. Life happens and there will be things that will hinder you from coming to group. In that event, please contact us immediately at 877-668-7530 or by email at [adrian@helpingothersheal.com](mailto:adrian@helpingothersheal.com) to inform us of your absence.

3. Rules: a) I agree to come each week, stay the entire session and to be on time. Group will begin and end on time – 6:00 to 7:30 PM, regardless of what is being discussed at closing time. b) I agree that my cell phone will be turned off during group time (being on call for work or having children in another person's care are the exceptions). c) I agree to participate in group sober and free of any illicit substances. d) I agree not to disclose any identifying information regarding another group member to anyone outside of the group that may help identify that member(s).

4. Payment: The cost of the seven week group is typically covered by insurance. Please discuss with Adrian, the Helping Others Heal administrator, prior to the start of the group, your insurance company and its commitment to pay for group. If for ANY REASON your insurer does not provide payment for the group session, it will be MY responsibility to notify you of the denial and YOUR responsibility to pay for that unpaid group prior to the next group. You can

make checks payable to Helping Others Heal or pay by cash or credit card. If you self pay for the group, each group will cost \$85/session (\$595.00 total). A 20% discount is offered if you pay for the group up front prior to the start of the group (\$119.00 discount, total cost of \$476.00). The fee is non-refundable if you should choose to discontinue with participating in the group process.

Group will begin on \_\_\_\_\_ and its final session will be on \_\_\_\_\_.

I, \_\_\_\_\_, understand that the group member's name/comments/discussion that occurs within the group are confidential. By signing this agreement, I agree to maintain confidentiality of all members of the group. In addition, I have read all of the points of the group rules and have asked questions for clarity about the items that I do not understand. I understand and agree to them, as evidenced by my signature below.

\_\_\_\_\_  
Group member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's signature

\_\_\_\_\_  
Date