



Expansion Counseling Services

Valley Drive Suite G-3 ♦ Roswell, GA 30076
770.910.9162 (o) ♦ 770.910.9768 (f)
Email: admin@expansioncounselingservices.net

EXPANSION (ECS) GROUP COUNSELING AGREEMENT

Confidentiality agreement: You have the right to confidentiality and privacy by the group leaders and other group members. Confidentiality within the group setting is a shared responsibility of all members and leaders. While group leaders may not disclose any client communications or information except as provided by law, group members' communications are not protected. As such, confidentiality within the group setting is often based on mutual trust and respect.

ECS adheres to professional, legal, and ethical guidelines of confidentiality established by professional organizations and state law. Legal and ethical exceptions to confidentiality include: a clear or present danger to harm yourself or another, knowledge of the abuse or neglect of a minor child or incapacitated adult, or responses to a court subpoena or as otherwise required by law.

As a member of this group, **I agree to not disclose to anyone outside the group any information that may help to identify another group member.** This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.

Additional group agreements:

- I agree that to stay the entire session and to be punctual. Group will start and end on time.
- I agree that if I am going to miss a session, I will let the group members and/or leaders know 24 hours in advance.
- I understand that if I “no-show” for group and/or another group appointment (absent without alerting ECS 24 hours **PRIOR** to the appointment) I will no longer be provided a link to attend.
- I understand that it is my responsibility to discuss my therapeutic goals and reason(s) for attending. Also, I understand that no one is going to force me to talk or reveal difficult material before I am ready to do so.
- I understand that any form of physical contact is not permitted within the group setting.
- I agree that as long as I am a group member, I will not subgroup with other members outside of group time (e.g. hang out, date).
- I understand that drinks are allowed, but food may not be.
- I agree that all cell phones will be turned off during group time.
- I understand that group sessions may be videotaped for training and supervision purposes. They will not become a part of my clinical record. These recordings are for ECS internal use only.
- I agree to participate in group sober and not under the influence of controlled substances.
- I understand that the work of any unlicensed staff is supervised by a licensed senior staff member.
- I understand that any group outcome measures, or satisfaction surveys are reported in summary form with no individual identifying information. This information can assist ECS in improving services and in evaluating programs.



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- I understand that by participating in this virtual group that I release ECS and any of its affiliates from any liability of my mental and/or emotional wellbeing.

By my signature below, I indicate that I have read carefully and understand the Group Agreements and that I agree to its terms and conditions. I have asked and had answered any questions I have concerning these Group Agreements and am aware that signing the Agreement is required for my admission to the group.

I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

Client Signature Date

Counselor Signature Date

Counselor Signature Date