



Participation Agreement for Group Therapy:

You will be joining a closed group which means that it is not open to new members. You will be asked to participate as a valuable part of the group as the structured and supportive nature of a closed group can significantly enhance the effectiveness of anxiety treatment.

The stability of the group composition promotes trust and deeper connections among participants, enhancing mutual support. This consistency allows for tailored, progressive therapy sessions that address the specific needs and progress of the group members. Additionally, the sense of community reduces feelings of isolation, a common issue in anxiety sufferers, while encouraging accountability and sustained engagement in therapeutic activities.

Confidentiality in Group Therapy:

You have the right to confidentiality under federal and state laws relating to the receipt of psychological services (see Informed Consent document). Barnabas Behavioral Healthcare, LLC maintains these confidentiality and privacy standards for group therapy. However, confidentiality from other group members is not protected by these same standards, and BARNABAS BEHAVIORAL HEALTHCARE, LLC cannot control what information other group members may disclose. Your confidentiality cannot be guaranteed in group therapy. Therefore, confidentiality within group therapy is a shared responsibility among all members and is based on mutual trust and respect.

You agree to not disclose to anyone outside the group any personal information about another group member. If participating in a group through telepsychology, you agree to use a private setting where the group conversation cannot be overheard or observed by others. If you breach confidentiality, you may be asked to leave the group.

Additional Group Agreements:

- *You agree to be on time for group and notify the CPC if you cannot attend.*
- *You agree to be respectful of the therapist and other group members.*
- *You understand you are not required to disclose any information you do not feel comfortable discussing in group.*
- *You understand that you may be asked to leave the group if you are disruptive or negatively affecting other group members.*
- *You understand that in-person group sessions may be recorded for training purposes.*

- *You understand that in-person and online groups may be observed by the therapist’s supervisor or other therapists-in-training.*
- *You will be notified prior to any recording or observation of group sessions.*

Financial Agreement:

- *You agree to make payments at the time of service.*
- *You agree that you are joining a closed group which means that we will not replace you as group member should you leave the group. Any missed meetings will not be billed to your insurance and you will be charged a \$50 no show fee.*
- *You are agreeing to 5 weekly meetings as a part of this program.*

Care Coordination Agreement:

- You understand and agree that we may communicate with your referring or primary care provider to update treatment status and screening scores.
- You agree and understand that we may communicate with your counselor

Date: _____

Signature: _____

Printed Name: _____