

# Mont Belvieu Counseling

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(713)825-0086

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## Group Therapy Participation Agreement

People who participate in group therapy have the opportunity to benefit from sharing personal experiences, giving and receiving support/constructive feedback, and experimenting with new interpersonal behaviors. In order for group therapy to work, a safe environment must be created and expectations for members, and the therapist/counselor must be understood by the participants. The best way to create a safe environment for personal growth is for you to understand and to agree to the guidelines below.

### **I. Confidentiality**

Sharing in group can be anxiety-provoking. Please keep all information discussed in this group confidential. This agreement means that you may not discuss any information shared or the reactions of any member of this group with anyone outside of the group. You may talk about your own personal reactions, and are even encouraged to do so outside of the group, but not about others' identifying information or reactions (see "Group Therapy Confidentiality Contract" for a more detailed description).

### **II. Attendance**

Group members are expected to make a commitment to attend group the entire term. Members also agree to come on time every week. If you are running late or have an emergency/illness that prohibits you from coming to group, please contact the therapist/counselor. If you know ahead of time that you will miss a later group session, we ask that you share the date of your absence with the group beforehand. Group will always end on time, no matter what is being discussed. Coming back the next week will allow you to continue the discussion.

Members sometimes feel anxious about participating in groups. If you decide to leave group therapy, we ask that you explore your concerns with the therapist/counselor and other members. Members will begin to care about one another and though this may feel hard to imagine now, members can feel unresolved if you leave without any explanation.

### **III. Relationships with Other Members**

Group therapy is a chance to have therapeutic relationships in which you learn more about yourself and the ways in which you relate to others. You may have strong feelings toward some members of the group, as you do with people in your life. However, group therapy can be a safe environment to explore those feelings and how you act on them.

### **IV. Active Participation**

Members are not required to talk in group. The more you share in the group, the more benefits you will achieve. The only time that you'll be asked to speak is when a new member is added to the group and introductions and group goals are shared. Focusing on your feelings can be frustrating at times; Group therapy is a place to learn new ways of making deeper connections with others.

# Group Therapy Confidentiality Contract

## I. GROUP THERAPY CONFIDENTIALITY AGREEMENT

Confidentiality, a trust of privacy or secrecy of communication and information, is special in a group setting in that it is the shared responsibility of all group members and the therapist/counselor. Although the therapist/counselor will not disclose client communications or information except as required by law or in other limited circumstances (e.g. suicidal intent, homicidal intent, child abuse, elderly abuse, and/or court order), group members' communications and information are not protected. Thus, this agreement is an attempt to provide you and your fellow group members with as much confidentiality as possible.

## II. WHAT IS NOT PERMISSIBLE

I will not disclose to anyone outside of the group any information that may help to identify another group member. This includes, but is not limited to names, physical description, biographical information, and specific of content of interactions with other group members. I also acknowledge that I will potentially be asked to leave group therapy if group confidentiality is broken.

## III. WHAT IS PERMISSIBLE

I understand that I am free to disclose to people that I am a group member and am attending this group. By my choice, I also may disclose personal information about myself with respect to the group experience. This includes my personal reactions (feelings and thoughts) to my group experience, feedback from other members concerning myself, and any personal information about myself, such as new skills learned and changes made.

By signing below, I indicate that I have carefully read and understand this Agreement, and that I agree to its terms and conditions. I have asked and had answered any questions that I have concerning the Agreement and am aware that signing the Agreement is required for admission to the group. I am also aware that my refusal to sign this Agreement will exclude my participation in the group.

By signing below, I am agreeing to the terms of the Group Therapy Participation Agreement and the Group Therapy Confidentiality Contract.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Leah E Neese, MA, LPC

\_\_\_\_\_  
Date

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DATE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient/Client Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Who referred you to Ms. Neese? \_\_\_\_\_

Please describe briefly your goals and expectations for yourself and what you hope may be accomplished via group psychotherapy.

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## **Billing Information**

Group Therapy rate is \$55/session due at the beginning of each session. Receipts will be given, upon request, if client chooses to submit to his/her insurance provider. Please note that reimbursement rates for Group Psychotherapy varies between insurance companies and insurance plans.

**Responsible Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

**\*In the event that there is a missed appointment, no-show, or cancellation without twenty-four hours notice, Mont Belvieu Counseling is authorized to use the credit card information provided for payment.\***

**Initials** \_\_\_\_\_

**\*\*I also authorize Mont Belvieu Counseling to use the card on file provided by me for session fees, co-payments, co-insurance, and other fees associated with my account.\*\***

**Initials:** \_\_\_\_\_

**Discover                      Visa                      MasterCard                      American Express**

**Name as it Appears on Card:**  
\_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Three-digit number printed on the back of your card (AMEX has a 4-digit number printed on the front of the card)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number linked to this Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_