

## Welcome Counseling Services

www.welcomecounselingservice.com  
E-mail: judyclarklpc@yahoo.com

2809 Regal Rd., Ste. 110  
Plano, Texas 75075

### Group Participation Agreement

Please fill out the following information as completely and accurately as possible in order to help us better serve your needs. Use the back of the form if you need to give more info.

Name \_\_\_\_\_ Date of visit \_\_\_\_\_

Birth date: \_\_\_ / \_\_\_ / \_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other \_\_\_\_\_

Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Living with a partner

\_\_\_ Other (explain) \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Do we have permission to contact you (please check as many as you wish) at your:

\_\_\_ Work, \_\_\_ Home, \_\_\_ Cell, \_\_\_ E-mail, \_\_\_ Do not Contact me :(explain) \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Employment Length: \_\_\_ Part time \_\_\_ Full time

Employer's Address: \_\_\_\_\_

\_\_\_ Home maker \_\_\_ Out of work seeking employment \_\_\_ Other work: \_\_\_\_\_

\_\_\_ Self employed, Type of business owned \_\_\_\_\_

**Each group typically lasts 1.5 hours (depending on the type of group). Group leadership consists of one or two facilitators who are specialized and trained in the topic for which the group treatment is offered. To create a safe and positive environment for all group participants the following are required from all participants:**

1) **Confidentiality.** Everything said within group, stays within the group setting. Exceptions to this rule are threats to harm oneself or another, disclosure of known or suspected abuse/neglect of a child, disabled or elderly person, court subpoenas for confidential information. When a subpoena is issued for information from your record, we may be required to release the requested information to the court.

2) **Respect.** Each member has the right to his/her own thoughts and feelings. It is important to maintain respect for others when expressing yourself.

3) **Consideration.** The group meeting is a time and space for everyone to share, it is important for each member to take responsibility to participate in the group discussion/activities or pass. Please refrain from monopolizing group's time, ask questions that are off topic and unrelated or engage in personal conversation with another group member while the meeting is in session.

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4) **Substance Use.** Please be aware that the use of alcohol and drugs (including prescription medications used improperly), can render group work ineffective. Therefore, should you choose to use such substances anytime on the day of group, we will be unable to meet with you in the group. In this case, please call to notify us of your intended absence (you will be charged for the group session in full — Insurance Companies do not cover canceled sessions).

5) **Attendance:** Your attendance and contribution is vital to group cohesion. However, we understand circumstance happen that may be beyond your control. If possible, please give at least a 24 hours advance notice of your intent to miss a group meeting. Absence from a meeting that is not due to an emergency or sudden illness will be charged at a full group rate. If you miss more than 2 group meetings, we may have to consider having you withdraw from the group, since it does not serve you and the group if you are not there and missing the discussions. If you have any questions or concerns about any of the above, please feel free to ask the group facilitators.