



H.I.S. Counseling – Group Agreements

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.

H.I.S. Counseling 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 to come each week, stay the entire session, and to be punctual. Group will start and end on time.
- I understand that a minimum commitment of **3** sessions is required.
- 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 H.I.S. Counseling appointment **two times**. I will have to have a discussion with the coleaders who will determine whether I can continue in therapy services for the rest of the planned sessions. I understand that I may be asked to leave H.I.S. Counseling services until I can make a firmer commitment.
- 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 the counseling center internal use only.
 - I agree to participate in group sober and not under the influence of controlled substances.
 - I agree to stay in group until I have met my therapeutic goals. I agree that when I decide that I have gained as much as possible from group at this time, I will notify the group in advance of my intentions and come to group to say good-bye.
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- I understand that the work of any unlicensed staff is supervised by a licensed 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 the counseling center in improving services and in evaluating programs.

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/Guardian Signature

Date

Counselor Signature

Date