

Compassion Behavioral Group Therapy Agreement



Please initial for each item below

_____ I agree to keep confidential what other group members say during group sessions. However, I realize that group facilitators cannot guarantee that other group members will not share information about me with others. Confidentiality among group members is a collective responsibility and is a necessary commitment for continued participation in the group.

_____ I agree to adhere to group attendance policy. Attendance in the group is important in establishing and maintaining cohesion and commitment. I agree to make EVERY effort to attend all scheduled group sessions I sign up for and that I will arrive on time to group sessions. If, due to illness or an emergency, I am unable to attend a session, I will call Compassion Behavioral Health in advance to notify the therapist(s) facilitating the group.

_____ I agree that if I have any concerns about the group not meeting my needs or expectations, I will talk about my concerns to the group facilitator. In the event that I decide to discontinue my participation in the group I will inform Compassion Behavioral Health prior to the next scheduled group.

_____ As a parent or guardian of a group participant, I agree that if I leave Compassion Behavioral Health premises I will sign a Consent for Emergency Services Form and will return no later than **15 minutes** from the scheduled end time for group.

I understand and will comply with the Compassion Pediatrics Group Therapy Agreement

X _____
Signature of patient (ages 16 years or older) Date: _____

X _____
Signature of legal representative for patient under 16 Date: _____

(SIGNATURE GOOD FOR 12 MONTHS UNLESS OTHERWISE SPECIFIED)