

College-age Group Therapy Agreement

Client name: _____

This document represents an agreement between Teen Group Therapy client (signed below) and Psychotherapist Jayson L. Graves of Healing for the Soul, LLC and his agents ("Therapist").

By signing this agreement **initially as a visitor, you only agree to the confidentiality portion** herein; the agreement is activated in terms of commitment when payment is received.

The following represent the covenants for the group known as "Victory Teens Teleconference Group," by which all parties abide:

It is understood that the group is **confidential** and you give permission to Jayson and/or your HFTS group facilitator to consult with each other and their supervisors about your therapeutic issues and group involvement. Jayson Graves and his supervisors and agents also agree to protect a participants' confidentiality. Exceptions to confidentiality occur with the following, in which case Jayson Graves or his agents would report such information to appropriate authorities:

- If you pose a serious physical danger to yourself or another person
- If you disclose information indicating threats to national security
- If you disclose that you or another person have physically or sexually abused or molested a child/minor, and incompetent person, or a disabled person
- If you disclose that a child, an incompetent person, or a disabled person is suffering from neglect
- Subpoenaed testimony in criminal court cases, and orders to divulge information by judges in child-custody and divorce court cases
- If criminal or delinquency proceedings occurred;
- if there is a legal or disciplinary proceeding regarding quality of services provided, or if services are being reviewed by a professional or legal entity

1. Client agrees to complete the recommended materials and may "graduate" from group whenever fulfilled. Client agrees to **complete and present each of the chapters individually to the group** and give Therapist 2-weeks notice before graduating from group. (*This is the main commitment to the group. Premature departures are strictly prohibited and clients agree to make every effort, regardless of circumstances to complete the workbook material and finish sharing the steps before graduating out of group.*)

2. The **fee for the 60:00 weekly group** is \$99 per month and to be billed prior to the first group meeting for up to the first quarter (or 3 months up to \$297) and in quarterly increments thereafter along with \$150 refundable deposit, refunded upon valid graduation. (Monthly payment and budget plan options also available upon request; fees and all terms of this agreement subject to change—see HFTS website for the most current agreement).

3. If, for any reason, this commitment is broken prematurely (before finishing and presenting all chapters from the workbook or recommended material), or client is dismissed for cause such as breach of confidentiality, lack of commitment, conduct detrimental to the group (as decided by Therapist), etc., client may be required to forfeit balance of current term and/or deposit.

4. The groups are not "drop-in" style and therefore, **weekly attendance is expected** and maintained by all except in cases of family/work emergency ("something urgent and unplanned"), whereby the client will directly contact Therapist or a group member before the meeting. Repeated violations of attendance agreement may result in termination from the group without refund of balance and/or deposit. **There are no refunds for missed meetings.**

Initials: _____

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5. Each week the client will receive quantitative and qualitative feedback from the other group members and will consider and apply this feedback appropriately as he progresses in the recommended **material/workbook** which **must be purchased prior to the first meeting**.

6. Clients are welcome to continue after **completing the material/workbook** so long as they are active in their recovery and come to an agreement with therapist vis-à-vis material to be used post-completion of the initial workbook. This agreement shall govern any such continuation but is subject to change at any time.

7. Client must maintain a **minimum monthly commitment to therapy or coaching** with a HFTS staff member for the duration of their commitment. This may include Jayson Graves or a colleague at a frequency of **at least once per month**. If client chooses a therapist other than Jayson or an HFTS staff member, client agrees to sign a Release of Information form (see Resources tab/forms page of the HFTS website) allowing therapists to communicate with each other in order to serve client as a team.

8. Group calling policies:

1. **Calling is a mutually-beneficial activity** that is meant for accountability, support, encouragement and healthy relationship-building-its **good to make a call every one or two days**;
2. **Calling can be a challenge** for many reasons: finding a good time, knowing what to discuss, being in different time zones and staying "on topic" so we should **be respectful and considerate of this**;
3. Its important to **talk about things that apply to group, recovery or your own life**;
4. **Avoid "T.M.I.** (Too Much Information) but be sure and give enough info and not be vague so that the other person can actually be helpful;"
5. **Be respectful of and sensitive** to individuals' senses of likes and dislikes so as to not be offensive;
6. **Include everyone in group in your calling** rather than focusing on just one or two people to call;
7. **Maintain confidentiality** ("what's said on the call stays on the call" unless its something you feel an adult needs to know and then tell a group leader or a parent, depending on who you think would be best to handle it. If you tell a parent, they will report it to a group leader at a later time.);
8. **Be careful not to cross any integrity or freedom boundaries** on a call, keeping in mind that **the person on the other end is in recovery themselves** and thereby vulnerable too;
9. If you get a voice mail, **leave a message but be brief** and don't go into too much detail; **if you want a call back, make sure and specifically ask for one.**

"I agree to and fully accept the above terms of this covenant (page 1 attached)."

Client signature: _____ Print: _____

Phone #: _____

Email Address: _____

"I understand the terms of this agreement & will support my college student to fulfill them completely."

Parent/"Sponsor" signature (required if sub-18): _____

[Please fax to 303-997-1441 or scan/email to info@healingforthesoul.org]