

**GRADS Group Therapy Agreement**

**Client name:** \_\_\_\_\_

This document represents an agreement between 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 “**Graduates 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. This group is designed to be a work-group as well as accountability group. Thus, client agrees to be consistently engaged in recovery materials from a library list provided, sharing each section or chapter when completed and may “graduate” from group whenever finished with presenting from a resource or resources. (A minimum of 6 months in group is required for group relationship and continuity.)

By mutual agreement between therapist and client, renewal of term is an option by committing to share from and complete a new resource. Clients agrees to give therapist 2-weeks notice before graduating from group.

Work Commitments:

- 1) **Working through recovery-related resource(s) as listed or approved, 2) attending group weekly for accountability and sharing from said resources, and 3) making regular weekly phone contact and relational investments with all members.**

Premature departures are strictly prohibited and clients are asked to make every effort, regardless of circumstances to complete the material and finish sharing from their currently resource selection before graduating out of group. HFTS reserves the right to disinvite any members not maintaining steady pace in each of the 3 areas of their membership commitment.

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

[Client’s printed name: \_\_\_\_\_ ]

(Continued from page 1)

2. The **fee for the group** is \$99 (60:00) or \$129 (90:00) per month. This is billed prior to the first group meeting for up to the first quarter and in quarterly increments thereafter (3 months up to \$297 or \$387 respectively) along with \$100 deposit, refunded upon valid graduation. (Monthly payment and budget plan options available upon request; fees and 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 chosen recovery 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.
5. Each week the client will receive qualitative feedback from the other group members and will consider and apply this feedback appropriately as he progresses in the chosen recovery material.
6. New members are required to maintain a minimum quarterly commitment to a therapy or coaching meeting with a HFTS staff member for the duration of their group membership. This may include Jayson Graves or a colleague at a frequency of at least once per quarter. Meetings would serve to assess the client’s “grad group experience to date and personal gains through chosen materials.

If client is with another therapist other than Jayson or an HFTS staff member, client agrees to sign a Release of Information form (see Resources/forms page of the HFTS website) allowing therapists to communicate with each other in order to serve client as a team.

***“By signing below, I acknowledge that I agree to and fully accept the above terms of this covenant (page 1 attached).”***

Client signature: \_\_\_\_\_ Print: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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

***“By signing below, I acknowledge that I understand the terms of this agreement & will support my spouse to fulfill them completely.”***

Spouse signature (required unless single): \_\_\_\_\_

**[Please fax to (303)997-1441 along with Disclosure Statement (also found on Resources/forms page of the HFTS website). Then email info@healingforthesoul.org or call the office at 719-590-7685 for teleconference call-in information].**