

Parents Support Group Agreement Client/Couple name: _____

This document represents an agreement between group client/s (signed below) and Jayson L. Graves of Healing for the Soul, LLC and his agents (“facilitator”).

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 “Parents Teleconference Support 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/s agree/s to complete the group curriculum and may “graduate” from group whenever fulfilled. Client/s agree/s to **complete and present each section/chapter of the material individually to the group** and give facilitator 2-weeks notice before graduating from group. *This is the main commitment to the group. Premature departures are strongly discouraged and client/s are asked to make every effort, regardless of circumstances to complete the material and finish sharing before graduating out of group.*
2. The **fee for the group** is \$89 per individual or \$164 per couple per month and to be billed prior to the first group meeting for up to the first quarter (or 3 months equaling \$267 or \$492 respectively) and in quarterly increments thereafter. (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 12 steps from the workbook), or client/s is dismissed for cause such as breach of confidentiality, lack of commitment, conduct detrimental to the group (as decided by Facilitator), etc., client/s may be required to forfeit balance of current term.

Initials: _____

(Continued from page 1)

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/s will directly contact Facilitator or a group member before the meeting. Repeated violations of attendance agreement may result in termination from the group.
5. **There are no refunds for missed meetings.**
6. Each week the client/s will receive feedback from the other group members and will consider and apply this feedback appropriately as he progresses through the material which **must be purchased prior to the first meeting.**
7. Client/s are welcome to continue after **completing the material** so long as they are active in their recovery and come to an agreement with facilitator vis-à-vis material to be used post-completion of the initial curriculum. This agreement shall govern any such continuation but is subject to change at any time.
8. Client/s is/are encouraged to maintain a **minimum monthly commitment to therapy or coaching** with either a HFTS staff member or outside therapist 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/s choose/s a facilitator other than Jayson or an HFTS staff member, client/s agrees to sign a Release of Information form (see Resources/forms page of the HFTS website) allowing facilitators to communicate with each other in order to serve client/s as a team.

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

Client signature: _____ Print: _____

Client signature: _____ Print: _____

Phone #: _____

Mailing Address: _____

Email Address: _____

“I understand the terms of this agreement & will support my group and spouse to fulfill them completely.”

Spouse signature (preferred when only 1 parent joining unless single or divorced):

[Please fax to 719-325-7057 along with Disclosure Statement (also on Resources/forms page of the HFTS website). Then email help@healingforthesoul.org or call the office at 719-590-7685 for teleconference call-in information].