

Group Therapy Agreement (Wives)

Client name: _____

This document represents an agreement between Group Therapy client (signed below) and Healing for the Soul Counseling & Coaching, LLC (Group Facilitator Jenni Uzri, Psychotherapist Jayson L. Graves and all its agents a.k.a. "HFTS").

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 "HFTS Wives Teleconference Group," by which all parties abide:

It is understood that the group is **confidential** and the client gives permission to HFTS and/or HFTS group facilitator to consult with each other and their respective supervisors about client's therapeutic issues and group involvement. HFTS, Jenni Uzri and their supervisors and agents also agree to protect participants' confidentiality. Exceptions to confidentiality occur with the following, in which case HFTS or its agents would report such information to appropriate authorities:

- If client poses a serious physical danger to yourself or another person
- If client discloses information indicating threats to national security
- If client discloses that you or another person have physically or sexually abused or molested a child/minor, and incompetent person, or a disabled person
- If client discloses 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 **purchase, complete, and present each section of the "L.I.F.E. Guide for Spouses" workbook individually to the group** (\$24, Priority postage included). Client may "graduate" from group whenever fulfilled and having given Therapist 2-weeks notice before graduating from group. *This is the main commitment to the group. Premature departures are strictly prohibited and clients are asked to make every effort, regardless of circumstances to complete the workbook before graduating out of group.*
2. Each week the client will receive quantitative and qualitative feedback from the other group members and will consider and apply this feedback appropriately as she progresses in the workbook.
3. Clients are welcome to continue after **completing the 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.

(Continued from page 1)

4. 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 \$150 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).
5. If, for any reason, this commitment is broken prematurely, 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 still be billed for the full remaining quarter.
6. The groups are not “drop-in” style and therefore, **weekly attendance is expected** and maintained by all *except in cases of family/work urgency or emergency*, whereby the client is to make every attempt to directly contact a group member before the meeting, or email therapist thereafter. Repeated violations of attendance agreement may result in termination from the group without refund of balance.
7. **There are no refunds for missed meetings.**
8. Client agrees to maintain a **minimum monthly commitment to therapy** with a therapist for the duration of their commitment. This may include individual or marital work with a HFTS therapist at a frequency of **at least once per month**. If client chooses a therapist other than HFTS, client agrees to sign a Release of Information form (see Resources/forms page of the HFTS website) allowing therapists to communicate with each other about the client’s significant clinical or marital matters.

“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 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].