PROCESS GROUP THERAPY CONTRACT

I_____ agree to participate in Process Group Therapy for 8 consecutive weeks. Group will meet every Thursday evening promptly at 6:00 p.m. and end at 8:00 p.m. The group dates are as follows:

Start Date:_____

End Date:_____

The fee for each 2 hour group is $50.00, insurance can be billed, however I understand that I am responsible for any outstanding balance. We would appreciate everyone paying their co-pay at the beginning of each group.

If I cannot attend a session I agree to call, and understand that I am responsible for the fee.

If I decide to drop out of group, I agree to let the group know, and I am responsible for the remaining fees.

I also agree to support confidentiality.

I understand that socializing between groups is not recommended.

_____ _____

Client Signature Date

_____ _____

Witness Date