Group Therapy Client Agreement

Welcome to our practice. Thank you for allowing us the opportunity to serve your mental health needs. This document contains important information about our professional services and business policies. Even though it may seem long, please read it carefully. If you have any questions, please discuss them with your therapist/psychologist. When you sign this document, it will represent an agreement between you and your therapist/psychologist.

Mental Health Services
Group therapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talked about during sessions and at home. Group therapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. However, therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Group Therapy will help build skills to meet certain goals and give you the tools to exceed in different areas of life.

Cost per Group Therapy Session differs between each group, and it is due at the time of service.

Some groups held by Perkins Counseling & Psychological Services do accept insurance. It is your responsibility to pay all charges incurred. If insurance is not accepted by a group, we will provide a Superbill that you can then send into your insurance to see if they will cover the costs.

Contacting Us
Office hours are 8:30 AM – 5:00 PM, and you may contact us by phone at 919-263-9592 or email at info@perkinscps.com. Please keep in mind that email is not a secure form of communication and should not be used to discuss treatment issues. These should be handled directly during your sessions. In light of this, please keep email limited to scheduling and administrative purposes.

Social Media
We do not accept friend or contact requests from current or former clients on any social networking sites. We believe adding clients as friends or contacts on these sites can compromise your confidentiality and our privacy. In addition, it may also blur the boundaries of the therapeutic relationship. Feel free to discuss this with your therapist/psychologist.
Group Therapy Confidentiality
Group therapy has unique confidentiality concerns because the session includes more than one client. If you feel the need to share information you do not want anyone else to know, you may want to consider consulting with an individual therapist apart from Group Therapy.

Limits of Confidentiality
In general, the law protects the privacy of all communications between a client and a therapist/psychologist, and we can only release information about your treatment to others with your written permission. But there are a few exceptions:

- If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to work with parents and children to resolve any issues regarding confidentiality. However we reserve the right to discuss issues with parents that are deemed necessary for proper treatment.

There are some situations in which we are legally obligated to take action to protect you and others from harm, even if we have to reveal some information about your treatment. They are:

- If we feel you are in danger of harming yourself, we will intervene to protect you by calling a family member or 911.

- If we have reason to suspect that a child, an elderly person or a disabled person is being abused or neglected, we are legally obligated to file a report with the appropriate state agency.

- If we believe you are threatening serious bodily harm to another person, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.

- If there are legal proceedings, your therapist/psychologist may be compelled to provide certain records of your treatment.
Group Therapy Client Agreement – Signature Page

Please initial:

NOTICE OF PRIVACY PRACTICES RECEIPT

_____ I acknowledge that I have had the opportunity to review a copy of Perkins CPS’s Notice of Privacy Practices (HIPAA).

I have read and understand the Group Therapy Client Agreement document and agree to abide by its terms.

__________________________________________  __________________________
Signature of Patient or Guardian of Patient Date

Consent for Treatment

I hereby voluntarily consent to evaluation and/or treatment of myself or child by Perkins Counseling & Psychological Services, PLLC. I understand evaluation/treatment may include the use of psychiatric interviews, psychological tests, individual, family, or group counseling and/or therapy. I further understand my therapist/psychologist may consult with other professionals at Perkins CPS in order to provide the best care possible for me or my family. At all times my privacy and care will be treated with the highest regard.

I have read, understand, and agree to the foregoing.

⇒ ⇒ Signature: _____________________________ Date: ______________

Name (printed) ____________________________________________________________