MLB Therapy, PLLC

Michelle Bogdan, LCSW

120 East Market Street, Unit 2; Leesburg, VA 20176

(703)554-2882; (f) (703) 443-0600

Contract for Group Therapy

Group Title: _____ Dates of Group: _____

Group Member: _____

As a group member I, _____, expect to benefit from participation. I agree to the following:

1. I understand that I am committing to each group session scheduled (see dates above). I will attend all group meetings and be on time. If there is an emergency, which prevents me from attending I will contact the group facilitator as soon as possible.
2. I understand punctuality and attendance is very important. I understand that if I am more than 5 minutes late, admission may not be granted into that session. If I am unable to attend any of the groups, for any reason, or if I am more than five minutes late, I understand I will be charged the full fee for the missed session as well as the credit card surcharge fee as appropriate.
3. Payment for the total number of group sessions is due prior to the start of group unless there is a contract with Loudoun County Mental Health to pay for my attended sessions. If I am under contract with LCMH to pay for group, then I understand LCMH only pays for sessions attended and I am financially responsible for any visits cancelled, missed, or otherwise not attended.
4. I understand that group therapy is not intended to be a substitute for individual/family therapy or emergency services that may be needed.
5. I agree to not socialize with group members outside of group while the group is in session.
6. Only first names will be used to respect confidentiality of all group members.
7. I will not disclose the identity of any group member or their personal information outside of group.
8. I will respect the rules that the group establishes.
9. I understand that confidentiality is taken very seriously and disclosure of anyone's identity or personal information outside of group will be considered a breach in confidentiality. This will result in termination from group participation.

_____   _____
Client Signature   Date   Parent/Guardian Signature   Date