

Counseling Group Contract for Anxiety Aftercare Support

Confidentiality

Rachael DeKoning, LCMFT, LLC and Haley Wagonblott, LPC in association with Doors of Hope Counseling, LLC and Renew Counseling Center inc. are the anxiety group facilitators and desire for you to feel safe and know that the information you share in group will not be communicated to other people unless you give written authorization to do so. Rachael and Haley are required by federal and state law, as well by ethical guidelines of professional organizations, to keep all communications with you and records about you confidential and HIPPA compliant. Be assured that your records are being kept and handled privately and professionally. There are, however, **exceptions to confidentiality, of which you need to be aware. Your confidences may be revealed to others if the following occurs:**

Your counselor suspects child abuse or elder abuse- You threaten suicide or homicide- Certain legal circumstances- If you request information to be shared and a release is signed - and in case consults between Renew, Haley and Rachael, or Doors of Hope.

Group Purpose The purpose of this **group** is to assist individuals who are struggling with an anxiety disorder. We focus on emotional, spiritual, and relational areas through open and honest sharing with others in a safe, confidential environment. Group Members have an opportunity to receive support and to support others who are struggling with similar issues. Together, we set reachable goals for personal change.

Group Guidelines

I, a group member, agree to the following guidelines as part of my **Anxiety Group Contract:**

1. I will **maintain confidentiality** at all times in all areas concerning this group.
2. I will **see a individual therapist** regularly.
3. I will **attend** and **pay** for **each session** and complete any homework given.
4. I will **accept** and **respect** each group member.
6. I will **be open** and **honest** about my own feelings and will be willing to share my struggles.

Group Facilitator Responsibilities:

1. Keep confidences except in cases of suicidal or homicidal threats, child or elder abuse, or certain legal circumstances where a judge orders the facilitator to testify;;
2. Facilitate discussion;
3. Keep the atmosphere and the group members as safe as possible;
4. Encourage growth and exploration of topics that may at times be difficult;
5. Support group members as they learn to overcome barriers that keep them from communicating openly about conflict and controversy; and
6. Communicate and consult with member's private therapists, as needed.

Group Member Responsibilities:

1. Explore how an anxiety affects you emotionally, spiritually, and relationally at this time in your life;
2. Abide by Guidelines listed above;
3. Inform personal therapist of your group participation, and sign an Authorization for Release of Information allowing the facilitator to and your therapist to consult with one another; and
4. Pay all fees as outlined in this contract
5. If unable to attend a session, contact the facilitator at least 24 hours in advance and adhere to the attendance requirements. . .

Risks

Group Counseling involves risks that are different from individual counseling. Risks may include:

- The group therapist cannot guarantee that confidences will be kept by other group members;
- The stories or behavior of other group members may trigger some of your own issues; and
- As you relate to other group members, you may be confronted or questioned.

Urgent Needs:

The therapists are not available on an emergency basis. If you have an urgent need, please call 911, or go to your nearest Hospital Emergency Room. You may also wish to call:

Suicide Prevention Hotlines: 1-800-SUICIDE (784-2433) or 1-800-273-TALK (273-8255) Mental Health Crisis Line:1-888-279-8188

Phone Contact and Emergencies

If you need to reach your group facilitator, contact Rachael DeKoning, call 9132209063 or email rach2978.rr@gmail.com. Or contact Haley at Haley.doorsofhope@gmail.com

I will allow my group facilitator to communicate with me via text (yes) or (no) and email (yes) or (no). All communication via email or text will be brief and only handle matters, such as rescheduling or needing to miss an appointment. LPlease follow the directions above for **Urgent Needs**, call 911, or go to the nearest hospital emergency room.

Fees:

Each session is \$50 and needs to be paid at the time of the session. Each group session will be 1 hour and 30 minutes in length. On group days, please place payment on the facilitator's desk if paying with cash.. If payment is made by MasterCard, Visa, Discover, American Express, or Health Savings Account, then please come a few minutes early so the facilitator can run your card or facilitator can use the card held on file. **Note: Group is not covered by insurance and all payments will need to be paid at each session. Payment is required for group sessions, even if you are absent. One non-paid excused absence will be allowed for every three months attended. In order for an excuse from payment to be considered, the facilitator must be advised of your absence and the reason for it, a minimum of 24 hours in advance.** A Credit Card will be kept on file in the event of a Late Cancellation or No Call No Show; it will be charged at the end of the group session. Please let Rachael or Haley know of absences as soon as possible so they may prepare. **You will be allowed one excused non paid absence and one non excused/paid absence in a three month period.** More than that could open your spot for a new member to join. Attendance in a group is very important to allow for cohesiveness/trust to build within the group. There is also always a lengthy aftercare waitlist for new members as spots are limited.

I have read and agree to all aspects of this contract and my group facilitator has explained any questions or concerns that I might have. My signature below indicates that I understand and agree to all group guidelines and policies and have received the Renew notice of Privacy Practices Pursuant to HIPPA.

Signature of group participant: _____

Date: _____