



4405 East West Highway, Suite 502
Bethesda, MD 20814
(240)479-4894

Patient Name:

Date:

GROUP AGREEMENT & CONSENT FOR SERVICES

GROUPS AT THERAPY AND MINDFULNESS PRACTICES

- Psycho-educational groups
- Group Psychotherapy

RISKS AND BENEFITS OF GROUP THERAPY

Like individual therapy, group therapy has its risks and benefits. Group therapy is meant to be a safe place to share experiences with peers struggling with similar issues. Group therapy has been shown to have benefits for individuals who undertake it. Group therapy can be a place for members to find accountability, support and see that they are not alone. Group therapy can be a great supplement to individual therapy and many participants report feeling better faster, than with traditional individual therapy alone. Group therapy can lead to a remarkable reduction in feelings of distress, increased fulfillment in personal relationships, increased self-awareness, and improved distress tolerance. There are no guarantees about what will happen, for this reason I am not able to grant refunds for therapy sessions.

There are risks to group therapy. Participating in group therapy may be uncomfortable, including remembering or discussing unpleasant events. The group therapy process can sometimes evoke strong feelings of anxiety, frustration and sadness. At first, members often feel vulnerable while sharing feelings with other group members. There is always the possibility of disagreements among group members. Group dynamics are also constantly changing and other members may bring up topics that can be emotionally triggering. Due to the varying nature and severity of the issues and individuality of each client, I am unable to foresee or guarantee a specific result. Although group members are screened before joining the group, as a facilitator I am unable to predict with any certainty how others will behave in the group setting. Group members are encouraged to keep other participants' information confidential and respect the privacy of all group members, however confidentiality cannot be guaranteed.



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GROUP PROCEDURES

Psycho-educational and Psychotherapy groups will meet once a week for 45 minutes at a time that we agree on. Psycho-educational groups are time limited with a set number of sessions and focused on a specific topic (ie- anxiety, time management). Psychotherapy groups are open and ongoing, meaning new members are allowed to join after completing a screening intake with the group facilitator. Seats are limited to 7 per group. Groups will have planned breaks that may correlate with school breaks or holidays.

GROUP EXPECTATIONS

Group is meant to be a safe place for participants. What happens in group stays in group. Members are expected to keep anything said by other members during group confidential. This is not meant to encourage secret keeping, but rather to protect everyone's privacy and ensure that group is a safe place to share feelings. Members are expected to treat one another with respect. Most topics are fair game for discussion, however if the group facilitator deems a certain subject inappropriate or too sensitive for certain group members, the facilitator will moderate the discussion. Please see discipline management procedures for more information about group expectations.

UNEXPECTED ABSENCE

My schedule is such that I may need to take leave for personal reasons. If this is the case, I will notify you as soon as possible if I am unable to keep our scheduled time. Should I become ill or incapacitated, I do have an Emergency Response Team (ERT) in place to handle any issues that may come up with my clients. My ERT will only have access to my files in an emergency situation.

CONTACTING MEGHAN

Emails are used for scheduling purposes only. *This is not a place to share clinical information thus I will not provide clinical advice over email.* I cannot assure confidentiality when you send me an email. Please see Email Policy Contract for more information regarding potential risks to



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using email. For more privacy and to discuss non-urgent clinical matters, you can call the office at 240-479-4894. Please allow 2 business days for a returned phone call. I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. ***If you do not hear from me and you feel you cannot wait for a return call or if you feel unable to keep yourself safe: 1) contact the Montgomery County Crisis Center 240-777-4000 , 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice. Please note that text messages are not .

SOCIAL MEDIA POLICY

It is my policy to not accept friend requests from clients on Facebook and other social media websites. I do encourage you to follow Therapy and Mindfulness Practices LLC on Instagram (@therapyandmindfulness), Facebook (@meghanrenzi) and Twitter (@therapymindful). Therapy and Mindfulness blog <https://therapyandmindfulness.com/blog/> is regularly updated with helpful information for clients and tips for managing mental health symptoms.

INCLEMENT WEATHER POLICY

I follow Montgomery County Public Schools inclement weather policy. If Montgomery County Public Schools are closed due to inclement weather, you can assume that my office will be closed as well. If you need more information about weather-related closings please consult the Montgomery County Public Schools website at www.montgomerycountyschoolsmd.org.



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DISCIPLINE MANAGEMENT PROCEDURES

Group members are expected to demonstrate appropriate behavior and comply with expectations and agreements as outlined by the group. If a group member is being disruptive, the group member may be asked to leave.

- Immediate behavioral problems will be managed by the group facilitator. Group facilitator will work with your teen to find a resolution and re-engage with the group. Should your teen need a break, they are welcome to sit out in the current activity but must remain in the room where there is supervision.
- Recurrent behavioral problems may result in the group leader notifying parent or guardian.
- Behaviors such as physical or verbal aggression, disregard for group rules may result in suspension from the group.
- Self harm of any kind, as well as drug and alcohol intoxication will result in notification of parent/guardian and will be terms for automatic dismissal from the group.

***Refunds will not be granted for group members dismissed from the group for disciplinary actions.

CONFIDENTIALITY

Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.

- I agree to keep confidential the names of other members of the group and what is said in the group.
- As a member of the group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, and specific content of interactions with other group members.
- I agree to indemnify and hold Therapy and Mindfulness Practices, LLC harmless for any loss or damages, including costs and attorney's fees, incurred by Therapy and Mindfulness Practices, LLC as a result of my breach of another's confidentiality.



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Further information regarding these situations and my privacy rights has been provided in the Notice of Privacy Practices for Protected Health Information I also understand that anything said in therapy is confidential, except for the following limitations: (a) information (diagnosis and dates of service) shared with your insurance company to process your claims or for administrative/billing purposes, (b) information you and/or your child report about physical abuse or neglect, sexual abuse; or elder abuse or neglect. By Maryland State Law, I am obligated to report this to the local Department of Social Services, this includes suspected abuse, (c) where you sign a release of information to have specific information shared (d) if you/or your child provide information that informs me that you are in danger of harming yourself or others (e) if you bring legal action against me or I am subpoenaed (f) information necessary for case supervision or consultation and (g) or when required by law or my ethical code of conduct. *All persons participating in group counseling must read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement. I hereby grant my permission for Therapy and Mindfulness Practices LLC, to provide group psychotherapy services in the form of weekly self-expression, support and skill-building groups. I understand and agree to the above.*

_____ Patient Name	_____ Signature	_____ Date
_____ Guardian Name	_____ Signature	_____ Date
_____ Guardian Name	_____ Signature	_____ Date
_____ Witness Name	_____ Signature	_____ Date



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