



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

Client Name:

Date:

GROUP AGREEMENT & CONSENT FOR SERVICES

This document provides you with important information about your treatment. Please read the entire document carefully, and ask any questions you might have about its contents.

GROUPS AT THERAPY AND MINDFULNESS PRACTICES

- Psychoeducational groups or skill building groups
- Group Psychotherapy

RISKS AND BENEFITS OF GROUP THERAPY

Like individual therapy, group therapy has risks and benefits. Group therapy is meant to be a safe place to share experiences with peers struggling with similar issues. Research shows that group therapy has 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 treatment, and many participants report feeling better faster than with traditional treatment 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 continually changing, and other members may bring up topics that can be emotionally triggering. Due to the varying severity of the issues and uniqueness 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.

GROUP PROCEDURES

All groups will meet 3x a month for 55 minutes. Group cost is in the form of a monthly membership fee. (Please see group financial agreement for details).

For all groups, we allow up to 7 clients per group. Groups have rolling admission, meaning new members can join at the beginning of the month, and there is no specified end date for the group. Groups will have planned breaks that may correlate with school breaks or holidays.



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PSYCHOTHERAPY VS. PSYCHOEDUCATIONAL GROUPS

- *Psychotherapy groups are process-oriented groups.* The facilitator may use the group to teach coping skills or present a topic to the group. The group's primary function is to provide a safe space for members to process feelings and events with one another.
- *Psychoeducational groups are designed to educate clients* and focus on a specific topic (e.g., a diagnosis, Mindfulness, etc.). The purpose of the group is learning and practicing skills. Psychoeducational groups are not reimbursable through insurance; therefore, we cannot provide superbills.

GROUP EXPECTATIONS

Group is meant to be a safe place for participants. What happens in the group stays in the group. Expectations of group members include keeping shares from other group members confidential. We do not encourage secret keeping but do strive to protect everyone's privacy and ensure that the 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 specific subject inappropriate or too sensitive for particular group members, the facilitator will moderate the discussion. Please see discipline management procedures for more information about group expectations.

UNEXPECTED ABSENCE

Your therapist schedule may require her to take leave for personal reasons. If this is the case, we will notify you as soon as possible if she is unable to keep a scheduled appointment. Should she become ill or incapacitated, she has an Emergency Response Team (ERT) in place to handle any issues that may come up with client care. The ERT will only have access to my files in an emergency.

CONTACTING MEGHAN RENZI

We use email for scheduling purposes only. We do not provide clinical advice over email. Email is not a confidential communication system, and we cannot assure confidentiality when you send me an email. Please see the Email Policy Contract for more information regarding potential risks to using email. For more privacy and to discuss non-urgent clinical matters, you can call the office at 240-479-4894. Please allow two business days for a returned phone call.

We are often not immediately available by telephone. Your therapist will not answer the phone when in session with clients or otherwise unavailable. At these times, you may leave a message on the confidential voicemail, and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters.



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If you are experiencing an emergency and cannot wait for a returned call: 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. We 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 the practice.

SOCIAL MEDIA POLICY

It is office policy not that therapists not accept friend requests from clients on Facebook, LinkedIn, or other social media websites. We cannot respond to client comments on social media. You are welcome to follow, like, or comment on Therapy and Mindfulness Practices, LLC, business pages for helpful tips and information about mental health.

Facebook: Therapy and Mindfulness Practices, LLC

Instagram: @therapyandmindfulness

INCLEMENT WEATHER POLICY

We follow the Montgomery County Public Schools' inclement weather policy. If Montgomery County Public Schools close due to inclement weather, we close the office. If you need more information about weather-related closings, please consult the Montgomery County Public Schools website at www.montgomerycountyschoolsmd.org.

DISCIPLINE MANAGEMENT PROCEDURES

We expect group members to demonstrate appropriate behavior and comply with expectations and agreements as outlined by the group. If a group member is disruptive, the facilitator may ask the group member to leave.

- The group facilitator will manage immediate behavioral problems. The group facilitator will work with the group member to find a resolution and re-engage with the group. Should you need a break, you 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 the parent or guardian.
- Behaviors such as physical or verbal aggression, disregard for group rules may result in suspension or expulsion from the group.
- Self-harm of any kind, as well as drug/ alcohol intoxication, will warrant notification of parent or guardian (for all clients under 18). For minor and adult clients, this will be terms for automatic dismissal from the group.

***We will not grant refunds for group members dismissed from the group for disciplinary actions.



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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 not to 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. Further information regarding these situations and our 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 or your child report about physical abuse or neglect, sexual abuse, or elder abuse or neglect. By Maryland State Law, your therapist is 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 provides information that informs me that you are in danger of harming yourself or others. (e) If you bring legal action against Therapy and Mindfulness Practices, LLC or your therapist is subpoenaed. (f) Information necessary for case supervision or consultation. (g) When required by law or ethical code.



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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 before 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 or psychoeducational services in the form of weekly self-expression, support, and skill-building groups. I understand and agree with the above.

_____	_____	_____
Client Name	Signature	Date
_____	_____	_____
Guardian Name	Signature	Date
_____	_____	_____
Guardian Name	Signature	Date
_____	_____	_____
Staff Witness Name	Signature	Date