

## **New Group Member Agreement**

Group Member Information Men's 12-Step Group Facilitated by Ray Klein	Today's Date: / /  Group Day/Time:			
Client Name:			DOB /	/ ()
Address	City			Zip Code
Email	Home #	(	)	
Work # (	Mobile #	(	_)	<u></u>
Referred by:		Start Dat	e:/	/
Financial Policy The fee for each 60 minute group therapy session is \$20.00 per week for month prior to your first scheduled group meeting. A consecutive, 12 meetings are non-refundable. PLEASE NOTE: Termination of documentation (email or letter) prior to the next monthly billing cyprovide written notification to terminate your group membership below. Closed group membership fees cannot be terminated prior to group payment is not received by the 24th of the current month (24 of terminate your group membership effective immediately.	week commiopen group ycle, no later you will be o completing	tment is requiparticipation than the 24th charged on the full 12-we	ired for all grou n must be sub of the current he credit or del eek commitmen	ps. Unattended group omitted via writter month. If you fail to oit card you provide t. In addition, if you
Credit Card # (The CVC2 code is a 3 or 4-digit number located on the back of your credit card.)	CVC	22 Code	Exp Da	nte: /
By signing below, I also agree to confidentiality of all teleconfer	ence numbe	ers, access co	des and online	access.
Group Member's Signature			Date:	_//
Therapist's Signature			Date:	_//

Ray Klein, MS, LPC, SRT • 3225 Templeton Gap Rd. Suite #203 • Colorado Springs, CO 80907 • Phone 719.203.7442 • Fax 719.325.7075

[GROUP MEMBER PARTICIPATION FORM CONTINUES ON PAGE 2]

## **Group Participation Agreement**

This document is for the purpose of solidifying an agreement between Group Therapy group member (signed below) and Ray Klein, MS, LPC ("Therapist"). The following represents the covenants known as "Group Membership" by which parties abide.

- 1. All group participants are expected to treat each other with dignity and respect as well as adhere to confidentiality-what is said in group stays in group.
- 2. This is a "group," and it is important members actively participate in an order to receive the benefit of the group.
- 3. I agree not to talk more than 5-10 minutes at one time to allow others to speak.
- 4. I will refrain from giving advice and only speak of my own experience during and after group.
- 5. I will attend group on time as a courtesy to other group members.
- 6. The 12-Step Men's Group is designed for men only and meets weekly.
- 7. Participants attending group and appearing grossly impaired due to drugs or alcohol will be asked to remove themselves from group and may return the following week.
- 8. Group Members agree that they may be expected to purchase a 12-step recovery workbook or book at their own cost and agree to do so by the 3<sup>rd</sup> group meeting.
- 9. It is understood the group will meet once per week for 50-60 minutes unless prior notice is given to the client by the therapist.
- 10. The fee for the group is \$20 per week, which will be charged the first of each month. There are no refunds for missed meetings. *Please refer to the welcome email for billing information and calendar*).
- 11. All group members agree to a minimum 12-week commitment. If for any reason this commitment is broken prematurely, the group member will continue to be charged for the remainder of the 12 weeks.
- 12. The groups are not "drop-in" type; and therefore, weekly attendance is expected and maintained by all except in cases of urgency or emergency, whereby the client is to make every attempt to inform the therapist before the meeting, if possible or as soon as possible thereafter.
- 13. Each week the group member will receive feedback from other group members and will consider and apply this feedback appropriately, as he/she progresses through their workbook, as applicable.
- 14. 12-Step group members are welcome to continue past the 12-week time period, as long as they are active in their recovery and come to an agreement with the therapist.
- 15. Group members are highly recommended, though not required, to commit to monthly telephone therapy with Ray Klein, MS. LPC, for the duration of their commitment. If the group member chooses a therapist other than Ray Klein, MS, LPC, group member agrees to sign a Release of Information Form allowing therapists to communicate with each other about the group member's significant clinical matters.

I attest that I have read all the above information and that I understand the conditions as stated. The undersigned releases Stone Bridge Counseling Center, Inc. from any claim to litigation whatsoever arising from the undersigned's participation. I agree to fully accept the above terms of this agreement.

Group Member's Signature	Date: / /
Therapist's Signature	Date: / /