
GROUP COUNSELING AGREEMENT

In order to be fully informed about the counseling you will be receiving, please read through the following Counseling Agreement. Your consent to the Counseling Agreement will be required at the first session.

Because love seeks to build up (1 Corinthians 8:1), we ask all group members to commit to these guidelines below:

- We commit to attend all meetings for the duration of the group cycle. We understand that regular attendance impacts the dynamics of my group, encourages my fellow group members, and deepens the unity and shared purpose in recovery.
- We encourage each other to be open, honest and truthful. Yet, we are also sensitive to how our words impact others. We avoid graphic descriptions that may cause others to stumble.
- We honor the time we have together and allow everyone a turn to share. We allow our counselor to guide our sharing and discussion.
- We give each other the grace and space to fully process our emotions and thoughts. We do not interrupt each other, nor advise others on how they should feel.
- We keep our sharing focused on our own personal experiences, thoughts and feelings. We do not criticize or condemn others.
- We will allow safe group conversation, yet we give each other feedback as long as it reflects our own experiences. We ask questions with sensitivity. We begin our feedback with "I," and not with "you." We do not try to fix others; and we do not get locked in debates that exclude others.
- We firmly seek to protect the group members' confidentiality. Who I see here, what is said here, when I leave here, stays here! This means that: We commit not to gossip. Gossip involves taking someone's personal information that does not concern you and sharing it with those who are not part of the problem or part of the solution. This includes sharing with a spouse or close friends. The group counselor has the right to firmly address any violation of this commitment to confidentiality. Group members may be dismissed from the group if there is a violation.

NOTE: There is one exception to this confidentiality commitment. If anyone discloses feelings or actions that indicate he/she is a possible danger to themselves or others, we are mandated by law to report that danger in order to ensure safety. Also, the staff must report to the proper authorities any disclosure of past or current unreported child or elder abuse. These exceptions are made explicit to all group members. (Some of the material above is adapted from the American Group Psychotherapy Association.)

Please check each box indicating that you agree with the group member commitments and sign below:

Group Guidelines:

I have read the "Group Guidelines" above, and I commit to follow these guidelines during every meeting.

Confidentiality Commitment:

In particular, I affirm that I have read the confidentiality rules in the "Group Guidelines" and I agree to hold the identity of each group member and all content discussed within the group in confidence. I also understand that breaking this commitment may entail dismissal from the group.

Full Cycle, Weekly Attendance:

I commit to attend the group meeting weekly and to make any arrangements necessary to make participation in this group a top priority. Since the Emotion Regulation Skills group is an ongoing group, some absences may be unavoidable, but group members are asked to notify the group leader of any planned absences and to prioritize the group so that absences are minimal. When I decide to withdraw from the group, I also commit to announce my departure to the other group members in person.

Monthly Fee Payment:

I understand that the fee to maintain membership in this group is \$200 per month to be paid at the beginning of the month (or the start of every 4 weeks). I understand that Redeemer Counseling cannot allow for refunds, except in cases involving serious emergencies or long-term illness. Since the Emotion Regulation Skills group is ongoing, I understand that I'm required to give two weeks' notice to the group leader when I plan to withdraw from the group, and that I will be responsible for payment up until two weeks after giving notice of my withdrawal.

Signature:

1. Effective Date, Restrictions and Changes to Counseling Agreement

This notice is in effect as of September 1, 2017.

Notice of Policies and Practices to Protect the Privacy of Your Health Information

This Notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Your consent to this Notice will be required at the first session.

I. Uses and Disclosures for Treatment and Health Care Operations

I may use or disclose your Protected Health Information (PHI) for treatment purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider.
- “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purpose outside of treatment when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes I have made about our conversation during a private, group, joint or family counseling session. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on that authorization.

III. Uses and disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have reasonable cause, on the basis of my professional judgment, to suspect abuse of children with whom I come into contact in my professional capacity, I am required by law to report this to the Administration for Children’s Services.

Adult and Domestic Abuse: If I have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), I may report such to the local agency which provides protective services.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services I provided you or the records thereof, such information is privileged under state law, and I will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and I determine that you are likely to carry out the threat. I must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.

Diaconate: If you are receiving funding for counseling sessions, I will be required to file periodic reports with your deacons/pastors which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

For Members of Redeemer Presbyterian Church Only: If you persistently refuse to renounce a particular sin, the assistance of church leaders will be necessary in accords with your vows as a member of Redeemer and in accords with Matthew 18:15-20. By signing, the client hereby authorizes the counselor to release any necessary information to the church leaders in accordance with your vows as a member of Redeemer and in accords with Matthew 18:15-20.

IV. Patient's Rights and Therapist's Duties:

Patient's rights:

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send communications to another address or phone number.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy of PHI in my mental health record for as long as the PHI is maintained in the record. However, I reserve the right to deny your access to PHI under certain circumstances. On your request, I will discuss with you the details of the request and denial process.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, I reserve the right to deny your request. Upon your request, I will discuss with you the details of the amendment process.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

Therapist's Duties:

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise my policies and procedures, I will provide you with a revised notice by mail or in person.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, please bring this to my attention.

You may also file a formal grievance with the Director of Redeemer Counseling Services.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice is in effect as of April 14, 2003.

By signing and dating this form, I certify I read the Notice of Policies and Practices to Protect the Privacy of Your Health Information that I received from Redeemer Counseling Services that describes policies and practices that protect the privacy of my health information.

Youth Printed Name: _____ Signed _____ Date _____

Guardian Printed Name: _____ Signed _____ Date _____

Electronic Health Record

RCS uses a data management system that complies with the security standards of the Health Insurance Portability and Accountability Act (HIPAA). The data management system organizes all family members into one case file. Counselors will be aware of all types of counseling and the names of family members.

Check this box if you do not want to be included in the family case file.