

# MLB Therapy, PLLC

Michelle Bogdan, LCSW

120 East Market Street, Unit 2; Leesburg, VA 20176

(703)554-2882; (f) (703) 443-0600

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## Contract for Group Therapy

Group Title: \_\_\_\_\_ Dates of Group: \_\_\_\_\_

Group Member: \_\_\_\_\_

As a group member I, \_\_\_\_\_, expect to benefit from participation. I agree to the following:

1. I understand that I am committing to each group session scheduled (see dates above). I will attend all group meetings and be on time. If there is an emergency, which prevents me from attending I will contact the group facilitator as soon as possible.
2. I understand punctuality and attendance is very important. I understand that if I am more than 5 minutes late, admission may not be granted into that session. If I am unable to attend any of the groups, for any reason, or if I am more than five minutes late, I understand I will be charged the full fee for the missed session as well as the credit card surcharge fee as appropriate.
3. Payment for the total number of group sessions for the month is due on the 1<sup>st</sup> of every month.
4. I understand that group therapy is not intended to be a substitute for individual/family therapy or emergency services that may be needed.
5. I agree to not socialize with group members outside of sessions for the duration of group.
6. Only first names will be used to respect confidentiality of all participants.
7. I will not disclose the identity or personal information of any member outside of group.
8. I will respect the rules that the group establishes.
9. I understand that confidentiality is taken very seriously and disclosure of anyone's identity or personal information outside of group will be considered a breach in confidentiality. This will result in termination from group participation.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date