
GROUP AGREEMENT

I, (*name of client*) _____, have been referred for group work treatment at Lewes Counseling LLC with Jeanne Dukes. Before proceeding with any group work, I hereby indicate that I have read the office policies and procedures *and/or* I have discussed with the group social worker the operating policies and procedures of this practice setting, the role and responsibilities of the group social worker, and my role and responsibilities as a client and group member. I understand my rights to receive and refuse services, to privacy and confidentiality, to respectful treatment, to be informed about all aspects of my service, and to file a complaint if I feel I have been unfairly or unethically or disrespectfully treated. I have asked all questions that have occurred to me. I know I can contact the group social worker Jeanne Dukes at (302) 430-2127 if I have any further questions or concerns.

I understand the purpose of this setting, the purpose of the group, the group service approaches and the qualifications of the group social worker.

I understand that my participation in the group is based on my individualized treatment plan with Lewes Counseling LLC which includes improved adjustment, self-esteem & confidence building.

Lewes Counseling LLC and/or Jeanne Dukes is not liable for any actions of the above named client resulting in harm or injuries and/or property damage during the scheduled group time on or off premises.

I understand that the group social worker is responsible for helping me set personal goals and identifying ways that I can apply what happens during the group to my daily life. Also, I will have the opportunity to talk about my concerns and discuss any unfinished business.

I understand my financial responsibilities and arrangements have been made.

I understand that staff in this setting other than the group social worker must have access to confidential information about me. I understand that the group social worker and all others involved in this setting will protect my privacy and that confidential information about me will be revealed only if I state it during group or give my written permission, if my safety or the safety of someone else is threatened, or if a court orders the information released.

I agree to abide by the following group rules:

- **First**, I will attend group sessions (dates agreed upon) and arrive on time. Also, I understand that if I am late or absent the effectiveness of the group process is diminished.
- **Second**, I understand that I am expected to be an active group participant, although I can choose what and how much information I want to discuss in the group. I understand that my responsibilities include being truthful about what I say in the group, not monopolizing the group, and making certain that I resolve any unfinished business before the end of the session.
- **Third, I understand that confidentiality and privacy are basic to building trust among group members. I agree to keep confidential what other group members share, and I will not talk about what is shared during the group with others outside the group.**
- **Fourth**, I understand that I have the right to leave the group. However, I understand that it is very important not to leave any unfinished business with other group members.

I realize that, although group work service is recommended for me and will probably be helpful, there are no guarantees that any or all of my problems will be remedied. I further understand that service will involve possible risks as well as benefits. I understand that I might experience group pressure from the other members. Hence, I know that I may experience stress, strained relationships, or other difficulties as a result of the group work process. However, it is my right to decide how I will participate in the group and whether to accept the suggestions of the other members or the group social worker.

I understand that my participation in my group will terminate when the goals of my individualized plan and/or the goals of the group have been fulfilled.

I further understand that the group social worker will be obligated to end my participation in the group if I do not make progress, if my relationship with the group social worker or other group members becomes too strained to continue our work, or if I and/or my insurer are no longer able to pay for services. If my group participation is ended before the goals of my service plan have been accomplished, I understand that the group social worker will do all possible to refer me to an alternative source of care.

Finally, I understand that any time I have questions about this setting or any policy or procedure, I should promptly bring my questions or concerns to the group social worker, his or her supervisor, or managerial staff.

I have read and agree to the above terms.

CLIENT NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE** _____

NAME OF LEGALLY RESPONSIBLE PARENT OR GUARDIAN

SIGNATURE _____ **DATE** _____