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Contract for Group Therapy

1. As a group member I expect to benefit from participation. I recognize that I have rights and responsibilities as a group member.
2. 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. If for some other reason I am not able to attend a group meeting I will let the group know at least one week in advance. There are no refunds for missed classes.
3. If for some reason I decide to not continue to participate in group or I am unable to, I will let the group know 2 days before the last group meeting that I attend. No refunds will be given.
4. I have been informed by the disclosure statement and understand the limits of confidentiality, that by law, the group facilitator must report to appropriate authorities any suspected child abuse and any serious threats of harm to myself or another person.
5. Respectfully and with full understanding I accept the following rules:
 - a. Only first names will be used.
 - b. There will be no side conversations or comments, whoever is speaking will be given full attention and respect.
 - c. Unauthorized visitors are not allowed in the group.
 - d. I agree to not disclose information/problems of any group members outside of the group.
 - e. No food or drink will be allowed in the group.

Name: _____ Signature: _____ Date: _____

Minor child (ren): _____

Name and Signature of parent/guardian of minor
child: _____

By signing the contract, I consent to the terms and rules of the group

