

Gretchen H. Placzek, MBA, LCSW
Licensed Clinical Social Worker – LCS 26029

East Bay Family Wellness Group Participation Agreement

Name: _____ Date: _____

To make this group safe, supportive, productive, and the best experience possible for group members, it is important for each member to make a commitment to actively attend the group. In doing so, you get the benefit of yours and others' efforts. Please agree to abide by the following:

- **Attendance:** If you decide to attend any or all of the groups, please try your hardest to come on time. The group format works best if everyone comes at the scheduled time.
- **Active Participation:** This can mean actively listening and/or sharing your thoughts, feelings, and reactions in a respectful way. In general, the more you put into a group, the more you'll get out of it. The group will work hard to be a safe, trusting and supportive place.
- **Confidentiality:** I understand that in group counseling, group members will be expected to uphold one another's confidentiality. I understand that all information disclosed within session is confidential and may not be revealed by me about other members. The group leader cannot reveal information about me without my written permission except where disclosure is required by law:
 - If I present an imminent threat to myself or others.
 - When there is an indication of abuse of a child, elder or dependent adult
 - If I become gravely disabled
 - By court subpoena
- **Fees:** The fee for the group is \$10 per session. Payment can be made at the beginning of the group.
- **Self-Care in Emergencies:** If at any time I feel like harming myself or injuring another, I will let the group leaders know and or contact my individual therapist or psychiatrist. If I cannot reach them, I will call either 911 or the Contra Costa Crisis Line at 1(800) 833-2900 or go to the nearest hospital emergency room.

Signature: _____ Date: _____