***A Step Forward, Inc.*** *Child, Adolescent, and Adult Psychotherapy*

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**Welcome to the Non Offending Parent Group**

The following is an agreement made between myself, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Ada Ispas, Ph.D., and Cynthia Zecic, Ed.D., (facilitators of the non-offending parent (NOP) group). In agreeing to participate in this group, I am holding myself accountable to the following: to speak truthfully and openly about my thoughts and feelings, to listen respectfully to others, and to exchange helpful feedback with other members of the group.

I will do my best to attend all 90 minute meetings even if I do not always feel like it. If I cannot attend, I will tell the group during the meeting a week in advance. Or, if it is an emergency, I will call one of the facilitators as soon as I know I cannot attend. When it looks like my time with the group is coming to an end, I will discuss this with the group and I will give four weeks notice to the group so everyone will have an opportunity to understand and to say good-bye to me. I understand that this makes for a better and safer experience for everyone.

**I understand the fees arrangements for group:**

* The fee is $60. per group therapy session.
* Fees are payable at the time that services are rendered. I will talk with Ada or Cynthia if I wish to discuss a written agreement that specifies an alternative payment procedure.
* If for some reason I find that I am unable to continue paying for group, I will inform Ada or Cynthia and you will help me to consider any options that may be available.

**My understanding of confidentiality in the group:**

* All communications between myself, the therapists, and group members will be held in confidence unless I provide written permission to release information. I will not disclose contents of the sessions nor the identity of fellow group members.
* There are exceptions to confidentiality. For example, I understand that therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a patient presents a threat of death to another, or witnesses the results of domestic violence, or when a patient is a danger to him or herself.
* I understand that although all group members agree to the terms of this contract, the facilitators cannot guarantee that confidentiality will be maintained outside of group by group members. Ultimately, I take full responsibility for what I say, think, feel, or do with the feedback I receive in group.

**My understanding of the cancellation policy:**

* My consistent attendance greatly contributes to a successful outcome of the group. I understand that I must inform Ada or Cynthia at least 48 hours in advance of a group session if I am going to be absent. If I do not provide at least 48 hours notice, in advance, I will be held responsible for 100% of the payment amount for the missed group session. I also understand that my insurance company and many third party payers will not pay for my missed or canceled sessions.

**My understanding of your general availability and availability during emergencies:**

* Telephone consultations between groups are welcome. However, you will attempt to keep those contacts brief due to your belief that important issues are better addressed within group sessions.
* I may leave a message for Ada (ext 105) or Cynthia (ext 103) at any time on your confidential voicemail. If I wish a return call, I will be sure to leave my name and phone number(s), along with a brief message concerning the nature of my call. Non-urgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If I have an urgent need to speak with Ada or Cynthia, I can indicate that fact in my message. In the event of a life threatening emergency, I will call 911 to request assistance. in the event of other emergencies, I understand that I can call the Contra Costa County Crisis line at 800-273-8255

**My understanding regarding messages from you:**

If you need to communicate with me by telephone, mail, or other means, I have indicated my preference in the checked choices listed below.

🞎 My group therapist may call me at my home. My home phone number is: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 My group therapist may call me on my cell phone. My cell phone number is: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 My group therapist may call me at work. My work phone number is: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 My group therapist may send mail to me at my home address.

🞎 My group therapist may send mail to me at my work address.

🞎 My group therapist may communicate with me by email.

 My email address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 My group therapist may send a fax to me. My fax number is: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature indicates that I have read this agreement carefully and understand its contents.

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Name of Participant Date

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