

# Harmony Heals, Inc



## GROUP RULES AND CONSENT

- 1.) Participation in a group requires members respect the rights and feelings of each other. In addition, group discussions are confidential; meaning all topics discussed within the sessions stay within the sessions. Confidentiality violations will result in an immediate dismissal from the program.
- 2.) The fee to participate in this group is \$ \_\_\_\_\_; and shall be paid upfront before the session begins.
- 3.) Participation in the group requires that all members attend the groups in a sober state. Any member who is under the influence of alcohol or drugs will be asked to leave the group for that day or permanently if the group leader deems necessary.
- 4.) Physical abuse and/or verbal threats towards any member are considered unacceptable and may result in an expulsion from the group.
- 5.) Cross conversations and sub-group conversations will not occur while the group is in session.
- 6.) Members will avoid "giving advice" to other members.
- 7.) While in session, members will work on staying with their feelings by utilizing "I" statements.

I have read and understand the rules and regulations for the group process and agree to abide by all of the above. I understand all communication between me and \_\_\_\_\_ is both privileged and confidential. Confidentiality will be overridden only if my safety or if the safety of another is in jeopardy (e.g. suspicion of child abuse/elder abuse, homicidal and/or suicide ideation).

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

\_\_\_\_\_  
Date

### LIABILITY RELEASE

I have chosen to participate in the group process facilitated by \_\_\_\_\_ at Harmony of Mind, Body & Spirit of my own free will and hereby release him/her from responsibility for any emotional and/or physical illness and/or injury occurring as a result of my participation in the group process. \_\_\_\_\_ and/or Harmony of Mind, Body & Spirit will not assume responsibility regarding the aftermath of any emotional or psychological discharge, assuming all clients are practicing a recovering program or are in therapy.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

