

Harmony Heals, Inc



OUT-PATIENT PROGRAM GROUP RULES

- 1.) Participation in the outpatient program requires members respect the rights and feelings of each other. In addition, group discussions are confidential; meaning all topics discussed within the session stay within the sessions. Confidentiality violations will result in an immediate dismissal from the program.
- 2.) Consistent attendance is vital to the group process. It is important not only to you, but to the group as a whole. Unexpected absences indicate a lack of desire to be in the program. Continual tardiness and/or absences from the group will result in a dismissal from the program.
- 3.) Once the group session has begun, members are not allowed to leave without the group leader's permission.
- 4.) While in session, there is no eating allowed. Breaks will be provided throughout the session for this purpose.
- 5.) Participation in the group requires that all members attend the group 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.
- 6.) Physical abuse and/or verbal threats towards any member are considered unacceptable and may result in an expulsion from the group.
- 7.) Cross conversations and sub-group conversations will not occur while the group is in session.
- 8.) Members will avoid "giving advice" to other members.
- 9.) While in session, members will work on staying with their feelings by utilizing "I" statements.

I hereby declare that I have read and understand the rules and regulations of Harmony of Body, Mind & Spirit Out-Patient Program and agree to abide by all of the above. I further agree to take care of myself during the week of healing.

Client Signature

Date

LIABILITY RELEASE

I have chosen to participate in the group process facilitated by _____ of Harmony of Body, Mind & 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 Body, Mind & Spirit will not assume responsibility regarding the aftermath of any emotional or psychological discharge, assuming all clients are practicing a recovery program or are in therapy.

Client Signature/Print Name

Date

Therapist Signature/Print Name

Date

24351 Moulton Pkwy Suite 120 Laguna Woods, Ca. 92637
Telephone (714) 897-1615, (949) 837-2751 & Fax (949) 586-5695

