



Psychological Associates, Inc.

Agreement for Group Therapy

As a group member, I have rights and benefits as well as duties, and I understand that some of them are described in this agreement.

This support group called Infertility for Women will meet from every Saturday from November 15, 2014 to January 17, 2015 at 10:30 am - 12:00 pm. The total cost of this group is \$ 480.00 or \$ 60.00 per session. I agree to pay this fee even for group meetings I do not attend, unless I make other arrangements in advance.

The purpose of this group is to provide me with the opportunity to achieve the following goals:

- Connect with other women who are struggling with infertility.
- Gain support and understanding from other women.
- Improve your understanding of how you cope with stress.
- Learn gratitude and hope in place of fear and despair.
- Learn ways to decrease the isolation you feel and improve your support network.

I agree to work in this group. This means openly talking about my thoughts and feelings, honestly reporting my behaviors, keeping my promises, and exchanging helpful feedback with other members of the group.

I will attend all meetings of this group from start to finish, even if I do not always feel like it. If I cannot attend, I will tell the group a week in advance (at the beginning of that meeting), or, if it is an emergency, call one of the leaders as soon as I know I cannot attend. If I decide not to go on or am unable to go on with the group, I will discuss my reasons with the group and its leaders, and I will give 2 weeks' notice to the group.

I will not socialize outside the group with any of its members or leaders. This is needed so that everyone will be equals in the group. If I happen to meet a member outside, I will tell the group at our next meeting.

I understand that this group experience is not a replacement for individual therapy. If issues arise that are not suit-able for the group's process, I may benefit from individual therapy sessions, for which I will have to pay separately from the cost of the group therapy. I will discuss this with the group's leader(s).

I understand that the leaders are required by law to report any suspected child or elder abuse, or serious threats of harm to myself or another person, to the proper authorities.

With full understanding of the need for confidentiality (that is, privacy) for all group members, I accept these rules:

1. We will use only first names. I promise to tell no one the names of the group members, or in any other way allow someone not in the group to learn their names.
2. We will permit no children, spouses, journalists, or other visitors in our sessions. (unless specified by group leader)
3. We will not permit any kind of recordings of our sessions, even by our members or leaders.

