

Healing Hearts Therapy, LLC

*From the Office of Dr. Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychology and Assessment*



Group Policy

This document is for the purpose of solidifying an agreement between Group Therapy member below and Dr. Robin Newman (Therapist). The following represents the covenants by which all parties agree to abide:

1. All group participants are expected to treat each other with dignity and respect.
2. This is a group and it is important that members actively participate in order to gain the most benefit from the group.
3. I agree not to talk more than 5 minutes at one time in order to allow other members to speak.
4. I will refrain from giving advice unless solicited or accepted, but will instead speak of my own experience while in group session.
5. I will attend group on time. This is a courtesy to the other group members.
6. This group is designed for women only and will weekly unless otherwise stated.
7. Participants attending group and appearing grossly impaired due to the use of drugs or alcohol or a rebellious, uncooperative, beligerent attitude will be dismissed from that week's group session but may attend the following week after having a session with Dr. Newman.
8. Group members are expected to do the assigned activities and come to group prepared to share.
9. Group members are expected to respect other members by not sharing details of each other's stories with those outside of the group, or talking behind their backs. You are encouraged, however, to share general ideas from the group with your parents, letting them know what you learned, what was hard for you, and what you enjoyed about group.
10. The fee for this group is \$100.00 a month, **which will be billed automatically at the beginning of each month** to the credit card on file. There will be no refunds for missed group sessions. Group will meet two weeks a month.
11. Each week the group member will receive feedback from other group members and will consider and apply feedback appropriately, as she moves forward in personal growth.
12. Group members are required to commit to a **minimum** of regular, individual once monthly sessions with Robin Newman, PsyD, unless other arrangements have already been made with Dr. Newman.
13. There are exceptions to the general rule of legal confidentiality as listed in the Colorado statutes (C.R.S. 12-43-218). However, please be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.
14. The laws of the State of Colorado also allow confidentiality to be broken if one or more of the following conditions apply:
 - Any evidence or disclosure by the client of perpetrating child abuse, past or present, must be reported to Legal Authorities
 - If an individual intends to take harmful, dangerous, or criminal actions against another human being or against him/herself, it is my duty to report such action or intent to medical and legal authorities. If such should occur and it determined that you are a danger to yourself or others, by signing the consent you authorize me to contact either the persons listed as your emergency contact number, or someone else to provide assistance through this crisis situation. This would include, at my discretion, contacting an intended victim. By law, your consent is not necessary.

- Sexual improprieties by a former therapist are a criminal offense and must be reported.
- Certain court orders/actions, such as custody cases, malpractice actions, etc..., may legally require disclosure of certain material covered in our sessions.
- Collection of fees may require disclosure that you have been in a counseling process.
- Consultation and Supervision with other professionals to aid in your treatment process.

I attest that I have read all the above information and that I understand the conditions as stated. The undersigned releases Healing Hearts Therapy Center, LLC, from any claim to litigation whatsoever arising from the undersigned's participation. I agree to fully accept the above terms of this agreement.

Group Member Name (please print) and Signature

Date