

Healing Hearts Therapy, LLC
From the Office of Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychotherapy
Colorado Springs, CO 80918
719- 260-1221



Group Policy

This document is for the purpose of solidifying an agreement between Group Therapy group member as signed below and Robin Newman, PsyD (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 5-10 minutes at one time in order to allow other members to speak.
4. I will refrain from giving advice, 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 meet weekly unless otherwise stated.
7. Participants attending group and appearing grossly impaired due to the use of drugs or alcohol will be dismissed from that week's group session but may attend the following week if not under the influence of substances.
8. Group members are expected to purchase the materials requested by the 4th group meeting.
9. It is understood that the group will meet once a week for an 80-90 minute session unless prior notice is given to members by Therapist.
10. The fee for this group is \$100.00 a month, **which will be billed automatically at the end of the month, prior to the new month beginning, (between the 25th and 29th of each month)** to the credit card on file. There will be no refunds for missed group sessions. Group will meet four weeks a month. If there is a 5th week, no meetings will be scheduled and we will reconvene the following week.
11. The groups are not "drop- in" style, and therefore, weekly attendance is expected of all members except in the case of urgency or emergency, whereby the client is to make every attempt to inform the therapist before the meeting, if possible, or as soon as possible thereafter.
12. Each week the group member will receive feedback from other group members and will consider and apply feedback appropriately, as she moves forward in her recovery.
13. Group members are required to commit to a **minimum** of regular, individual once monthly sessions with Robin Newman, PsyD. If the group member chooses a therapist other than Dr. Newman, group member must agree to sign a Release of Information form allowing therapist to communicate with each other about the group member's significant clinical issues.
14. 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.
15. 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. In the unlikely event, it is my clinical judgment that you are a danger to yourself or someone else, 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

Therapist Signature

Date