

**WOMEN'S THERAPY GROUP CONTRACT**

I, \_\_\_\_\_, agree to participate in the Women's Therapy Group facilitated by Regina Brody, LCSW and Renee Mahin, LCSW which meets on Mondays from 6:30 -8 pm. The group will be held at 1962 NW Kearney, Portland 97209 and will begin on \_\_\_\_\_  
I understand the following about my participation:

Confidentiality: What I say in the group will be confidential and I will keep confidential information about other participants in the group. Ms Brody and Ms Mahin will also keep confidential information communicated except in such cases as law or ethics require limited disclosure (e.g. imminent dangerous acts, child abuse), or when I permit such disclosure.

Participation Guidelines: I will take responsibility for asking for what I want or need and for giving direct feedback to others. In dealing with others, I will be as honest, direct and supportive as I can and request the same from others. I understand that attendance each week is encouraged. I will not engage in sexual contact with other group members.

Charges: The fee for the group is \$40 per session. The monthly total is payable the first week of each month to Renee Mahin, LCSW. Cancellation or failure to attend does not excuse obligation for full payment each month.

Absences from the Group: One absence from the group is allowed every 4 months with no charge. I understand that I will be responsible for payment for those sessions missed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_