**THERAPY GROUP SIGN UP**

**CIRCLE ONE:**

Male to Female Group Female to Male Group

**DATE YOU WOULD LIKE TO START ATTENDING GROUP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGE:** \_\_\_\_\_\_\_\_\_

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IS TEXT OK?** YES / NO

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK ONE:**

*\_\_In Therapy w/Carol Montgomery Brosnac, LMFT* \_\_*In Therapy w/another therapist*

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*\_\_Not currently in therapy*  Name of Therapist

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***\*\*\*By signing this document, I agree that I will abide by the policy of strict confidentiality of any and all information discussed in the therapy group sessions (what happens in group, stays in group…period. This policy exists to protect you and all members in attendance and to help facilitate a safe and secure environment in which to talk about deeply personal topics). If I do not abide by this policy, I will no longer be allowed to attend the group.***

***I understand and promise to abide by the group’s confidentiality policy.***

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Print Name Date

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Signature

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