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Serving Atlantic County

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### **Group Counseling Agreement**

I understand the importance of attending group sessions and know that the group can only function when enough participants are present. If I do not cancel without at least 24 hrs notice, I understand I will be charged a cancellation fee of \$25. I agree to openly talk about my thoughts and feelings, honestly reporting my behaviors, keeping my promises, and exchanging helpful feedback with other members of the group when appropriate. I have the right to discontinue the group at any time for any reason. I understand Signature groups are a complete package and will not be refunded if I decide to discontinue group participation.

With full understanding of the need for confidentiality for all group members, I accept these rules:

1. I will 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. I will not permit children, spouse, or other visitors in our sessions.
3. I will not permit any kind of recordings of our sessions.
4. I promise not to tell anyone outside the group about any of the problems, history, issues, or other facts presented by any group member, even if I conceal the name of the member.
5. I understand and agree that if I break rules 1-4, I may be asked to leave the group.

I have read and understand the contents of this agreement, and I agree to the professional and financial terms described above, as indicated by my signature below.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_