

# Dr. Warren Kaplan

## GROUP GUIDELINES & GROUND RULES

I \_\_\_\_\_ understand that I have voluntarily agreed to pursue my psychotherapy treatment in the modality of group psychotherapy. My signature below indicates that I have read and understand the guidelines and ground rules of the group.

1. I understand that I am being asked to keep **confidential** anything that goes on in the group. That is, I am not to reveal the identity of other group members or the content matter that anyone else has discussed. I am free to reveal anything about my own experience of the group or the content of group material that I personally shared but not any information that others have shared.
2. In entering the group, I understand that I am giving a **three month commitment** to join and maintain my membership in the group. I also understand that I am going to make every effort to **punctually** attend group meetings, as my spot in the group will be held for me in order for me to attend. Should I fail to attend group, I will not be charged for the first two group misses in any given year. However, I understand that I will be **charged for missed appointments** for group psychotherapy after the two "free" misses have been accounted for. I further understand that these charges are not covered by my insurance plan if I am using insurance to cover the benefits of this treatment.
3. Termination: I agree that when I have decided to terminate my participation in the group, I will give the group a **three session notice**. My group treatment will end after the third session
4. I also understand that it would be **counterproductive to the group should I begin any personal relationships with other group members**, either romantic or platonic. I understand that during my participation in the group I will not pursue such relationships.
5. I also understood that any breach of these rules would be potential grounds for being asked to terminate from the group.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE