



GROUP THERAPY GUIDELINES

Group Format

Our story is how we know ourselves—it is the history that shapes us, it is the heart of who we are, and it is the compass that gives us our bearings as we move forward. The group will follow a format that helps participants explore more deeply the themes and scenes that shape their lives so that they may grow personally.

Groups meet on a weekly basis for 90 minutes.

Attendance & Fees

- Groups participants agree to attend all group sessions as they are available.
- Occasionally groups will not meet. Group participants will not be responsible for paying for sessions when the group does not meet.
- Unless other arrangements have been made, payments are to be made at each session.
- As long as members participate in the group, they are responsible for paying for weekly sessions whether they attend group or not (emergencies, illness, excepted at the facilitator's discretion).
- When participants plan to miss more than 2 out of 4 consecutive sessions, participants can request to pay half the regular fee.
- Payment for group is automatically charged to your debit/credit card (see attached form).
- Fees may increase periodically, and thus the fees are subject to change with one week's prior notification.

Facilitators

Sage Hill Counseling is a practice management company that specializes in providing marketing and business administration services to licensed and pre-licensed mental health professionals. Sage Hill Counseling does not provide any direct or indirect clinical oversight to any of its affiliated therapists.

Communication

You may leave a brief message regarding appointments and scheduling on your facilitators' voicemail or e-mail. Please limit your messages to appointments and scheduling.

If you are in an emergency and cannot reach your facilitator, please call one of the following numbers for help; General Emergencies: 911; or Crisis Hotline: 615-244-7444.

Insurance

Sage Hill Counseling **DOES NOT** accept third-party payments for therapy.

We **DO NOT** file insurance claims and **WE ARE NOT** paneled by any insurance companies. If you attempt to have your insurance provider cover the cost of your group therapy, then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. We are available to fill out any part of the form that is necessary. (This may include additional fees and often requires a mental health diagnosis.)

Confidentiality

An important aspect of group therapy is the shared practice of confidentiality. In short, "What is said in group stays in group." Participants are encouraged to talk about their own group experiences outside of group but are discouraged from talking about anybody else outside of group. Occasionally, confidentiality is broken. If a participant breaks confidentiality, it is expected that the participant let the group know about the broken confidence at the next group meeting.

Additionally, there is a legal limit to the confidentiality of the information that you share with your group facilitators. There are some situations where your facilitators are required or permitted by law to disclose information without either your consent or authorization. These situations are unusual in group therapy, and if one of these situations arises, your facilitators will make every effort to fully discuss it with you before taking any action and your facilitators will try to limit the disclosure to what is necessary. These exceptions include:

Safety. If you are to harm yourself, your facilitators may be obligated to seek appropriate help for you. They may also contact family members or others who can help provide protection or notify other appropriate authorities. Also, if your facilitators know or suspect that a child, elderly person, or disabled person has been abused or neglected, the law requires that a report be filed with the appropriate authority.

Legal proceedings. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by law. Your facilitators cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order a facilitator to disclose information. However, if a patient files a complaint or lawsuit against their facilitators, facilitators may disclose relevant information regarding that patient in order to defend themselves.

Professional Consultation. Occasionally, group facilitators will consult with others to gain perspectives and ideas as to how to best help people reach their goals. Those consultations are obtained in such a way that confidentiality is maintained. If you would like your facilitators to consult with another care provider on your behalf, written permission from you must be given first.

The Eight Feelings™

Sage Hill groups use The Eight Feelings™ (Anger, Fear, Hurt, Sad, Lonely, Guilt, Shame, and Glad) as discussed in *The Voice of the Heart* by Chip Dodd. The Eight Feelings™ facilitate vulnerability and are a highly effective and efficient way to access the shared human experience. They also provide the group with a common language.

Openly Distrusting the Process

Group therapy is often a unique process. Please ask questions at anytime. Your feelings and feedback about the group therapeutic process are always a primary concern and their discussion is often beneficial to therapy and the group. Group therapy can be extremely helpful, but not everyone finds group therapy successful. On rare occasions, due to the nature of therapy, some problems are made worse. You are encouraged to choose therapies and therapists that best suit your needs and purposes. You may seek a second opinion from another mental health practitioner. You also have a right to know the professional training and credentials of your facilitators.

You Are in Group for You

While some of the valuable benefits of group therapy is the support, encouragement, and accountability that participants get to give and receive from other group members, the primary reason people join group is for their own personal, emotional, and spiritual growth. Group is more productive when members come with the desire to get the most for themselves out of the process.

Leaving the Group

Members can leave the group at any time. When it is time for a member to stop participating in the group, we ask that members come and tell the group that they are leaving so that they and the group have the opportunity for closure. The facilitators will not try to talk participants into staying in the group when they want to leave.

If during the course of the group, both facilitators agree that the group process is not serving the needs and best interest of the client, the facilitators reserve the right to remove someone from the group. In such a case, the facilitators will recommend resources they believe would be beneficial to the work of the client at the current time, which may include individual therapy, intensive therapy, inpatient placement, referral to a medical specialist, etc. If a client removed from group completes the work recommended by the facilitators, or some therapeutic equivalent, the client can request to rejoin the group.



SAGE HILL
COUNSELING

GROUP THERAPY PAYMENT FORM

Participant Name: _____

Group Time & Facilitator: _____

Process Group Fee Guidelines

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- As long as members participate in the group, they are responsible for paying for weekly sessions whether they attend group or not (emergencies, illness, excepted at the facilitator's discretion).
- Fees may increase periodically, and thus the fees are subject to change with one week's prior notification.
- Payments will be processed on a weekly basis.
- Card information entered below will be stored securely on Square's website. The bottom section of this form containing card information will be removed and destroyed for security purposes.
- By signing this form, you agree to have Sage Hill Counseling charge your card on a weekly basis for group payments. To stop payments, please contact your group facilitator.

Signature: _____ Date: _____

Card Information

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____ Weekly Fee Amount: \$_____

Email Address: _____