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Support Group Service Agreement

**Please Read Thoroughly**

I, \_\_\_\_\_, consent to Women Going Through A Divorce/Separation Support Group with Paula L. Marcolin, MS, LPC. As a part of this agreement I understand I have chosen to attend support group of my own free will.

**GROUP COUNSELING EXPERIENCE:** Group counseling can be a powerful and valuable venue for healing and growth. It is the desire of your group facilitator that you reap all the benefits group has to offer. To help this occur, groups are structured to include the following elements: A safe environment in which you are able to feel respected and valued; a safe environment is created and maintained by both the facilitator of the group and its members. Primary ingredients are mutual respect and a chance to create trust and confidentiality. Also, if you have an outside therapist, facilitator of your group may ask you to sign a release form so that facilitator can talk with your individual therapist. This is a safeguard for you which allows consultation between group leader and your individual therapist should the need arise. This also provides you with extra support should a difficult issue come up in group that may need more individual attention.

**WHAT TO EXPECT:** At the beginning of each group there will be a check-in and support may revolve around an issue one member of the group is experiencing or several with time for constructive feedback and reactions by other members of the group. At other times the group may focus on a topic with all members verbally participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself, and the world around you. These dynamics provide a very powerful environment for change. Remember, the more you give of yourself during the sessions, the more you will receive. The more honest and open you are, the more you will receive.

**CONFIDENTIALITY:** I understand all information concerning me and other group members is confidential and is released only through procedures consistent with HIPAA law, HITECH Act, and professional ethics. I also understand that all information disclosed by fellow group members is strictly confidential and I will not relay any information to another individual outside the group, although facilitator of group cannot guarantee confidentiality through peer group members.

No information will be released to anyone without my written consent unless required by federal law this includes:

- You have given therapist information indicating intention to do serious harm to yourself or another person
- You gave therapist information about child or elderly abuse
- A judge orders therapist to provide information about you

Facilitators may consult with other professionals regarding group interactions. This allows a freedom to gain other perspectives and ideas concerning how best to help you reach your goals in group. No identifying information is shared in such consultations unless a release has been obtained from you as a group member.

**REGARDING EMAILS AND TEXT MESSAGES:** It is important to be aware that email communication and text messages can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. A non-encrypted is even more vulnerable to unauthorized access. Please

otherwise, I will continue to communicate with you via email and text messages when necessary or appropriate to schedule and change appointments.

**ATTENDANCE:** Your presence in group is highly important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group this dynamic suffers and affects the experience for you and other members of the group. Therefore, your facilitator would ask that you make a commitment to attend at **least three groups** and make this a top priority for the duration of the groups attended.

**FEE:** I am aware group sessions are 90 minutes in length, held every three weeks on Thursdays, and payment of \$50 is expected by the beginning of each group and that I must cancel 24 hours in advanced to avoid being charged a full group rate of \$50 per group. I understand this is an out-of-pocket only group.

**I understand that a copy of my credit card will be required the initial group attended and will only be charged \$50 per missed group if I do not cancel session within a 24 hour notice and/or do not keep my commitment of attending at least three groups.**

I have an individual therapist: Yes\_\_\_\_No\_\_\_\_

I have read this consent and I agree to abide by the terms set forth in this consent.

\_\_\_\_\_  
Print Group Member Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paula L. Marcolin, MS, LPC

\_\_\_\_\_  
Date