



LORI KANSTEINER, LMFT, LAADC

Licensed Marriage Family Therapist LMFT 50406
Licensed Advanced Alcohol and Drug Counselor-CA LCI770518
Certified EMDR Therapist

Group Confidentiality Agreement & Contract

One of the primary curative factors in groups is to have a secure sanctuary for members to discuss very private topics. Each member makes a promise in consideration for the mutual promises made by all participants in return for the benefits available from the group. Mutual promises of confidentiality allow members to achieve high levels of self-disclosure, thus enabling effective process. To become a member of this group is to agree to maintain high standards of confidentiality.

I acknowledge that I have a duty to maintain confidentiality and, that I understand that breaking confidentiality is a serious breach of trust. **I agree that I will not, under any circumstances, divulge (to anyone) the identities of group members or the content of any sessions.** ___ initials

This includes any information that may lead directly or indirectly to the identity or content of group information. I understand that I have an ethical duty to keep confidential all group communications. I promise to hold confidential all group communications. I promise to hold confidential all communications made by participants and all information obtained from or about any participant while in group session.

I understand that group fees are paid at the BEGINNING of each group session or the BEGINNING of the following month and that fees are non-refundable. My fee for being in this group is \$ _____ per psychotherapy group and \$ _____ per 8 week session.

Day and time group meets: _____

Client name: _____

Client Signature: _____ Date: _____

Client email address: _____ PH: _____

Client emergency contact: _____