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LETTER OF AGREEMENT FOR SUPPORT GROUPS

Welcome. I hope your time here is worthwhile. I am giving you this letter because it might help answer questions about this group and therapeutic support groups in general. It will also explain the administrative procedures of my practice. Please go over this letter carefully and feel free to show it to other professionals or to family members if you wish. At the end of this letter is a place for you to sign your name; doing so, means that you have read and understood all the points in this letter.

OUR SENSE OF WELL-BEING is influenced by many interrelating factors. You are here to address non-medical factors. I recommend that if you have not had a recent physical exam that you do so as soon as possible. This is important because we want to make a clear distinction and understand any connections between medical and psychological factors affecting your well-being. Since I am not a physician, I do not have the expertise to diagnosis a medical condition/(s) that might be related to our work together. Please let me know about any medical health problems you have.

EACH GROUP is scheduled to last 90 minutes. I am usually very prompt. If I am late, I'll try to let group members know in advance, even if the delay is just a few minutes.

BETWEEN MEETINGS you can leave a message at (508) 277-8770 (my cell phone's voice mail). If you need to speak with me right away, after calling my cell phone, call right back a second time and I will return your call as soon as possible. If I am unavailable, someone will be on call for me. I may also talk with you about some emergency numbers you can call if you feel you are in crisis. When compared with other forms of seeking help, this therapeutic support group is fairly non-intensive in that meetings occur only twice a month. If you feel that this is not enough support for you at this time, please talk with me.

THE INTEGRITY OF A GROUP is influenced by many factors. To get the most out of your group experience, there are several ground rules and guidelines you will be asked to follow. **Ground Rules** are essential elements in a group that facilitate a safe and trusting environment between group members. If you are not willing to adhere to the following ground rules, do not sign this agreement letter and please talk with me.

1. Confidentiality. Or what is discussed in the group stays in the group. Also, two or more members should not talk about other members who are not present. It is imperative that everyone respects and follows this rule.
2. Pass Rule. Although it is hoped that all members will take positive advantage of this group by actively participating in it, the facilitator will make sure that no one pushes another group member to say or do something which they feel uncomfortable with. This ground rule is commonly referred to as the "pass rule."
3. Time Out. Anyone feeling unsafe with what is going on in the group is encouraged to call a halt to the group process and discuss their feelings.
4. No Substance Use. It is expected that group members will attend groups uninfluenced by any external substances unless they are medically necessary, in which case, the facilitator should be informed. This means that even a glass of wine several hours before the group is discouraged because it can change your mood, rather than you changing your mood consciously.

Guidelines are not as crucial as ground rules but they are *essential* to assure the continued health of a group.

1. Commitment and Attendance. Members are asked to attend as many group sessions as possible. Group cohesion will be harder to develop if members miss groups. If you must miss a group, the ideal way to handle it is to speak to the facilitator and then make an announcement in the group proceeding the one you will need to miss. If you are sick, please call the facilitator and let him know. Almost as important as attending a group is *arriving on time* for it. What you might miss in the first ten minutes is not fair to you or the other members who desire your presence and input. Please arrive for group between 8:15-8:20. Please note: *Sessions missed without calling to cancel will automatically be charged the full fee of \$45.00. This amount cannot be charged to your insurance company.*

2. Scheduling of Groups. Groups will be held an average of two times a month. The schedule will be determined by all of us. If several members cannot attend on a certain date, we will not meet on that date. For each four month period, each member will receive two absences in which they do not have to pay the group fee. It is suggested that these two absences be used for illness or other necessities. Exceptions will be made in the case of chronic illness and bereavement. *If you cancel or are unable to attend more than two groups in a four month period, you will be responsible for the group fee (at the same rate as your insurance company or our agreed upon fee.). This amount cannot be charged to your insurance company.*

2. Owning Your Comments. Taking responsibility for our feelings is an acquired skill. An example of this might be to tell a person who talks too much "I am uncomfortable with how much you talk because I was told to not to talk so much when I was younger" rather than to say, "you talk too much and it annoys me."

3. Be Honest and Truthful. The willingness to talk about what is really going on with you will enrich the group experience for you and for others. Dishonesty defeats the purpose of the group.

4. Keep your Friendships With Each Other Confined to the Group. Please do not contact each other outside the group. This guideline exists to help with confidentiality and boundary issues.

5. Leaving the Group. Upon entering the group, members are asked to attend at least two months before they decide to leave. This is an on-going group and most members have been in it for several years. Over time, membership will change as members leave and new members join. **When you have made the decision to leave, please let me know first** After you have informed the group, please allow for two additional sessions. These two sessions are very important. They will allow you to say goodbye to the other members and the other members to say goodbye to you.

THE FEE for this group is \$45.00 per session. If your insurance is of the "managed care" type, the fee is decided by a contract between me and your insurance company and you will probably have a small co-pay. For those individuals without insurance coverage I offer a *sliding scale* based on financial need. You may pay by cash or check. There is a \$25.00 fee for returned checks. If a check is returned a second time, you may be asked to pay group fees by cash or by money order.

Please let me know if there is any change in your insurance policy. If there is a change or loss of coverage and you do not tell me, or if your insurance company goes out of business or refuses to pay the claim, you will become responsible for the insurance balance.

ETHICS AND CONFIDENTIALITY are essential to the success of psychotherapy/counseling. With a few exceptions everything we discuss is kept in strict confidence. Normally, information about your participation in these sessions is released only upon written permission from you. There is a special form for this that requires both our signatures.

Massachusetts law requires or allows confidentiality to be overturned even when a release is not signed when: 1) Someone is at risk for suicidal or homicidal behavior; 2) When it is suspected or known that a child or elder person is being abused or neglected; 3) When the person receiving services or the legal guardian responsible for payment refuses to pay for services rendered; 4) When a judge court orders information from a patient's file. You will also be asked to sign a HIPPA agreement (which you can read on my site.).

BY SIGNING BELOW you acknowledge that you have read this communication or have had it read to you. You further acknowledge your right to ask questions if you do not understand this communication. I see support/therapy groups as an effort by both therapist and group participants to work toward improving the quality of everyone's life. I look forward to working with you in this group.

_____/_____/_____
Client Signature

_____/_____/_____
Therapist Signature