

*Exceptional Minds Counseling, LLC*  
*10597 Montgomery Road, Suite 201*  
*Cincinnati, Ohio 45242*  
*(513) 793-6226*

**Group Member Contract**

I \_\_\_\_\_ understand that I must maintain confidentiality to create a safe environment and to develop trust within the group. I understand that if I decide to have discussions about my therapy outside the group that I should speak only about my own experience, not about any other member's experience. I am never to mention another member's name or say anything that might inadvertently identify any group members.

I also understand that, my group therapist has made this obligation to preserve confidentiality clear to other members; however, this cannot guarantee that all members will honor such agreements.

I am responsible for attending group consistently and on time. I understand that when I am late or do not come to group that it effects my treatment, as well as others in group. If I am not able to attend group, I will give 24 notice to the group leader.

I have read the information about the group guidelines/policies/rules and agree to follow them. I understand that the group therapist has the right to discontinue my participation in group if it no longer is beneficial for others and/or myself.

Group Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_