

**Bonnie Rose, M.A., LMFT**  
**Painting Therapy Group Participation Agreement**

In order for our group to be beneficial and most effective, it is important that we create a safe environment and each group member understands and agrees to certain guidelines.

*I. Confidentiality* Please keep all information discussed in the group confidential. Therefore, please do not discuss any information shared by members of this group with anyone outside of the group. You are free to talk about your own personal reactions outside of group. But you must not discuss other group members' identifying information or reactions.

*II. Attendance* This is an on-going group that meets monthly or bimonthly. Members agree to come on time. If you are running late or have an emergency/illness, I ask that you call me at 818.974.8828. If you know ahead of time that you will miss a later group session, I ask that you share the date of your absence with the group beforehand.

If something arises that causes you to leave the group, I ask that you explore your concerns with me and other members, and that you come back to say goodbye. Though perhaps hard to imagine now, members will begin to care about one another and will feel unresolved if you leave without any explanation.

*III. Payment* The cost of this group experience for each person is \$150.00 per 5 ½ hour session. Payment is due and payable on the day of the gathering. In the event of absence from a session, you are still responsible for the \$150.00 fee to hold your space in the group until the time comes that you decide to release it. If the group schedules gatherings that meet for 2 ½ hours, the cost is \$80.00 for each person per gathering. In the event of absence from this shorter session, you are still responsible for the \$80.00 to hold your space in the group until the time comes that you decide to release it.

If you are new to therapy, you agree to have an individual session with Bonnie Rose before beginning your participation in the group. Individual sessions will also be available, as requested, during your participation in the group, at Bonnie's standard therapy rates.

**Only under the following conditions will Bonnie have to share any group information with outsiders:** If you sign a release of information for exchange of information with a third party. If there is suspicion of child or elder abuse, therapists are required by law to report to the appropriate agency. If there is a threat of serious harm to yourself or others, therapists are required to intervene appropriately, which could include reporting to outside agencies or police.

By signing below, you indicate that you have read and understand the contents of this Painting Therapy Group Participation Agreement, and your questions about these policies have been answered. You agree to the professional and financial terms described above, as indicated by your signature below. (HIPAA requires that you are provided with a Notice of Privacy Practices for use and disclosure of PHI for treatment and payment. This information is found at BonnieRose.com by clicking on the link, "forms.")

**Group Member Signature /Date**

**Group Leader Signature /Date**

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