



# Reinicke Counseling Associates Phone (619) 298-8722

## Policies & Procedures for Group Therapy

**1. FEES & ATTENDANCE:** Attendance and participation in group is vital to recovery. The fee for a 75-minute group psychotherapy session is \$85. Payment is made in advance before treatment begins for a block of sessions in the form of cash, credit card, or personal check. Your therapist will outline the options. No refunds will be given for absences from group.

**2. INSURANCE:** RCA does not do insurance billing. It is the client's responsibility to submit claim forms for reimbursement to their own insurance company. The therapist will supply a suitable receipt. If your insurance denies payment of any service, payment of services is your responsibility.

**3. RETURNED CHECKS:** RCA will require a \$40 fee (in addition to the original amount) for any returned checks.

**4. CONFIDENTIALITY:** If you are an adult, anything you do or say in the context of psychotherapy is confidential with these exceptions:

- a) If you are behaving in a way that poses a threat to the life of another person, confidentiality must be broken. We are bound by law to contact the person(s) involved as well as the police and warn them of possible harm or danger.
- b) If you are using confidentiality as a means of avoiding legal punishment, confidentiality must be broken. That is, psychotherapists may not aid or abet committing a crime. The Patriot Act 2001: Health information may be disclosed to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- c) If a counselor believes a client is in danger of harming herself/himself or is gravely disabled, the counselor can break confidentiality in order to protect the client from harm.
- d) If the counselor suspects any instance of child or elder abuse, he is legally required to report this to the proper authorities.
- e) California's AB1775 Child Pornography Law requires psychotherapists to report if a person knowingly developed, duplicated, printed, downloaded, streamed, or accessed (that is, viewed) an electronic or digital image, or exchanged a film, photograph or video in which anyone under 18 is engaged in an act of obscene sexual conduct.

**5. YOUR AGREEMENT TO CONFIDENTIALITY IN GROUP THERAPY:**

I agree to not disclose information about any member of the group to anyone outside the group. Personal information I hear within the group which is revealed to me by other clients is strictly confidential as is the personal identity of each group member.

**6. ADDITIONAL CONSIDERATIONS FOR ONLINE GROUP THERAPY:**

You agree to safeguard the confidentiality of the group participants by placing yourself in a private room. Wear a headset or earphone so that no audio of group discussions can be heard by anyone outside the private room. If you choose to participate in an online video group you understand that these additional safeguards are a risk and you agree to not hold the therapist responsible for any breaches (i.e., someone could accidentally walk into a participant's room).

**7. A RELEASE OF INFORMATION FORM** signed by you is required before we will send records to or request records from other health care providers. The exception is in the case of a delinquent account. Financial information can be forwarded to a collection agency, but we hope that would never be necessary.

DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_