Advantage Psychological Services

11500 West Olympic Blvd. Ste. 578
Los Angeles, CA 90064
Phone: 888-800-5761 / Fax: 818-530-7808

I _____ (client's name) agree to attend the _____ group. The group leader is _____ (if unlicensed, the supervisor is _____).

After reading this form, I understand that I am free to discuss any concerns or questions with my group leader. The purpose of the group is to provide therapeutic help and support to my related issues. I realize that in order for this group to be helpful, my regular attendance and participation is needed.

The fee for this group is _____ per group meeting. By signing this form, I am agreeing to pay for the group sessions. By the beginning of each month, I must pay in advance for the entire month of sessions using check, cash, or credit card. A fee statement will be sent on the 15th of each month and the money will be either collected or debited on or by the 25th.

I understand that there are limited spots in the group and therefore even if I must miss a session, I must still pay for that session in order to hold my 0place. As a courtesy to the other members, I am aware that there is a 24 hour cancellation notice and should notify the group leader when I will be absent. If absences become disruptive to the group processes, this will be addressed with the group facilitator individually and/or in the group setting. Attendance will be noted on the monthly statement sent to the home.

General Group Rules:
- Respect other members of the group.
- Respect yourself.
- Respect the process: Arrive on time and stay the full time. Make a commitment to Attend each week.
- Confidentiality: This is very important! The group environment needs to feel safe for everyone. It is vital that you keep what is said in the group confidential. Do not discuss other members with anyone outside of the group (this includes other group members).

Advantage Psychological Services can not enforce confidentiality although we Strongly encourage your cooperation and full compliance.

As a minor, please make sure to read the other treatment consent form, particularly your rights as a minor in regards to confidentiality and your parents' right to information.

_____ _____
Signature of Client Date

If Client is a Minor:

_____ _____
Signature of Parent/Legal Guardian Date