

Wai Wong-Miller, MA, LMHCA
10303 Meridian Ave N. Seattle, WA 98133
(206) 790-4888

Group Participant Agreement

You are participating in an educational/support group called *Step-Parent/Family Support Group* that will meet from _____ to _____ on _____ at 10303 Meridian Ave N. Seattle, WA 98125. This small group's process is focused on providing emotional support, problem solving, coping skills, and resources to help you create a sustainable relationship with your spouse/partner and with your step-children. We will explore ways to establish healthy boundaries, increase couples' strength, develop new family structure, learn effective parenting strategies, handle ex-relationships, and self care. Individuals and couples are welcome.

Although the group facilitator, Wai Wong-Miller, is licensed mental health counselor associate, your participation in this group should in no way be considered counseling, therapy, or mental health treatment of any kind. A psychotherapist/client relationship will not be formed between you and the group facilitator based on your participation in this group.

This group experience is for education and support only, and is not a replacement for individual therapy. If you feel that you would benefit from a counseling relationship with me, I would be happy to discuss that with you individually.

As a group participant, you agree to the rights and responsibilities as described in this Agreement.

Group Cost and Payment

The total cost of this group is \$ 120.00 for six sessions, or \$20.00 per session. Participants must pay the entire six session fee at the first session. Payment may be made either by check, cash, or credit card.

Refunds will not be given for missed group sessions unless prior arrangements have been agreed upon with the group facilitator.

If the group facilitator are unable to hold a group session due to illness or other emergency, the session will be rescheduled. You may receive a refund for a canceled class if you are unable to attend the rescheduled session.

Your Rights and Responsibilities as a Group Participant

Group Participation

Group Participant Agreement
Wai Wong-Miller, MA, LMHCA

Group participants must maintain an attitude of respect towards the other participants and facilitators in order to encourage an open sharing process and to encourage the exchange of helpful feedback. While group participants are encouraged to fully participate in the group, the sharing of personal information in group is voluntary and is in no way required of participants.

Group participants are expected to arrive on time and to stay for the duration of the session unless other arrangements have been made with the group facilitator. If you need to leave a group session early, please inform the facilitator at the beginning of the session.

Participant Confidentiality

Understanding that information shared during the class may be personal and private in nature, a spirit of confidentiality will be maintained at all times. However, as an educational/supportive group, a psychotherapist/client relationship with the facilitator will not be formed and psychotherapist/client confidentiality and privilege will not apply.

As mandated reporters, the group facilitator may be authorized or required by law to report suspected child or elder abuse or threats of harm to self or others.

With full understanding of the need for privacy, all group members must adhere to the following rules:

1. Participants will not permit children, spouses, or other visitors to attend class sessions without prior approval from the facilitators.
2. Recording, of any kind, of the group sessions is prohibited.
3. Participants will not disclose to anyone outside the group any information presented by any other group participant. This applies even if the name of the participant is withheld.

Agreement for Participation

By signing this document, you are attesting that you have received, read, fully understand, and agree to the terms, and conditions above, and that you are consenting to participation in an educational/supportive group provided by Wai Wong-Miller, MA, LMHCA.

Participant

Date

Print Name

Wai Wong-Miller, MA, LMHCA
Facilitator

Date