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EMPOWER. NOURISH. HEAL.

Agreement for Six-Week Series Group

Participation in Nutritious Thoughts' six-week series group provides members with the opportunity to hear and learn from the experiences and stories of others. Often group members will find that they relate to and take something of value for themselves away from others sharing their experiences. In addition, group members learn how to help the other members by relating to others in a healthy, functional manner.

Client's Financial Agreement

It is understood that the group will meet once per week, for 60 or 90 minutes, for six consecutive weeks, unless prior notice is given to clients by Nutritious Thoughts. The fee for the group is \$60 for a 60-minute session or \$75 for a 90-minute session. **There are no refunds for missed sessions. If you do miss a session, for any reason, you will be billed directly the amount of \$55 for the missed group (insurance companies will not cover a missed session).** Please note, if using insurance, your insurance company may not consider this service (97804-Group) to be eligible for benefits (please see: Notification of Non-Covered Services). Client also agrees to the six-week commitment. If, for any reason, this commitment is broken prematurely the client will still be billed for the remainder of the six-weeks at the reduced rate of \$55 per group session.

Initial here: _____

Participants Responsibilities and Rights

Participation in any group activity, exercise, or discussion is, at all times, up to each individual group member. However, how much you gain from your time in group will depend upon your willingness to give of yourself and take some risks in group. Some areas that you might require extra effort and commitment are: consistent, punctual attendance; willingness to honestly share your thoughts and feelings; listening earnestly and thoughtfully to others; demonstrating an openness to feedback from others; keeping what is said and done in group confidential.

It is your right, as a group member, to bring any concerns to the leader on an individual level. If at any time you have a question or concern about the group, feel free to make an appointment to talk to the group leader.

Initial Here: _____

Leader Responsibility

As group leader, the dietitian's primary responsibilities are: providing safety from harsh feedback; keeping the group focused on the here and now; providing direction and insight; encouraging interaction between group members; modeling the attitudes and actions that are appropriate for group; and beginning and ending group on time

Initial Here: _____

Group Member Confidentiality Agreement

I, _____, understand that group member's names and comments and/or discussions that occur within the group are confidential. By signing this agreement form, I agree to maintain the confidentiality of all members of the group.

Initial Here: _____

I have read the points stated above, I have been given the opportunity to ask any questions and have received and understand all the information which was provided. I understand and agree to them, as shown by my signature below.

Client Signature: _____ Date: _____

Client's Parent or Guardian Signature: _____ Date: _____