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EMPOWER. NOURISH. HEAL.

Agreement for Nutrition Support Group (ongoing/MTS)

Participation in Nutritious Thoughts' support 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 fee for group is \$35 for a 60-minute session or \$45 for a 90-minute 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).

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 honesty 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.

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.

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.

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: _____