Kerry Graham Shay, MA LPC
147 Durham Road
Madison, CT. 06443
203 494 1198

Mindfulness and Meaning
Group Participation Agreement

Welcome to the Mindfulness and Meaning Group. I am really looking forward to working with you in this group. Please take a few minutes to read through the following information. This will give you practical information about the group as well as some expectations and guidelines. In order for a group to work, a safe environment must be created and expectations for members and the facilitator must be understood by the participants. My experience with groups supports that the best way to create a safe environment for personal growth is for you to understand and to agree to these guidelines and the structure of the group.

I. Group Structure

- Mindfulness and Meaning will be an 8 week group experience. Your registration is a commitment for the full session. Please make every effort to be to each group on time so we can make the most of each week. If you are running late or have an emergency/illness that prohibits you from coming, please call me at 203 494 1198. Of course, I understand that things happen and if you need to miss a group I will do my best to arrange a time to fill you in on what you missed from the previous session. The group benefits from everyone's attendance and participation.

- Group will take place in the Oak Park Professional Buildings at 147 Durham Road in Madison, CT. The building is located at the top of the hill and the parking lot is on the right of the building. The entrance is right off of the parking lot. There is a waiting room directly to the right as you enter the building.

- I will provide a notebook and folder for each group member. At times you will be given recommended "homework" to think about between sessions and you will be given handouts for your own use. This homework is not required to participate in the group – it is offered as additional ways to benefit from the session content.

- In order for groups to be most effective every member should feel respected and valued. It is my responsibility as facilitator to help support a safe environment for personal growth. It is your role as a group member to work toward that goal.

- The goal of the group is to be casual and comfortable. Please feel free to consider this in preparing for the group (ie. Comfortable clothes, beverages, slippers, etc.!).

2. Confidentiality

- Sharing in a group can be tough for some, therefore I ask that you keep all information discussed in the group confidential. This request means that you may not discuss any information shared or the reactions of any member of this group outside of the group. As the clinician I am also bound by this confidentiality unless something violates the code of my license.

3. What to Expect

- Group time consists of teaching, discussion and processing time. There will be themes and topics each week and there will also be time to share reactions to those topics. Processing may at times require structured feedback and reactions by other members of the group.

- There is no expectation to share information that you are not comfortable sharing. Participating in the group may benefit reaching your goals for the group but the level of information you choose to share is completely up to you.

- Group members are encouraged to share their thoughts and give feedback when appropriate. As the facilitator it is my responsibility to make sure everyone in the group has reasonably equal opportunities to do so if they share.

3. Payment

- Please discuss the fee upon registration. Payment can be submitted in full at the beginning of the session or can be paid at the beginning of each session. Your registration for this group acknowledges that you are committing to the 8 week session. If you are looking to submit for insurance reimbursement I will set up time to discuss how that will work.

4. Other

- As the group facilitator, it is my responsibility to look out for the needs of the group as a whole. I will make every effort to work in collaboration with all group members to provide a meaningful experience. If you are concerned with whether or not the group is working for you – please reach out to me. If we cannot rectify the situation I will work with you to leave the group appropriately. Additionally, if there is a problem with group cohesiveness, I reserve the right to use my discretion in addressing the issue.

BY SIGNING BELOW you acknowledge that you have read this document.

_____

Printed Name Date

_____

Signature

GROUP SESSION TIME SLOT: _____

SECOND CHOICE: _____

OTHER CHOICE: _____

(It is an art to arrange groups that work well and sometimes to set up the best fit and accommodate participants the suggested group times change. To help with this, please write any other days or times that may work for you to participate. I will communicate changes with you when and if I adjust the day/time that a new group will start).

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Mindfulness and Meaning

Please spend a few minutes answering the following questions. Feel free to skip questions that you are not ready to answer or to just jot some quick thoughts. This is just a starting point and not intended as an overwhelming task. (But if you want to get into it – Go for it!!!) FYI – it is perfectly acceptable to skip a question as long as you spend time thinking about it!

Name: _____ Like to be called: _____ Date:_____

How did you hear about the group: _____

Have you ever participated in a group before? (Yes or No): If yes what kind?

_____
_____
_____

What is your experience with meditation if any:

_____
_____
_____

What motivated you to join the group? What are you looking to get out of it?

_____
_____
_____

What are your favorite things to do for yourself? (or what would you like to do for yourself?)

_____
_____
_____

What are the biggest barriers you experience to living the life you wish to live?

_____
_____
_____

How will the group benefit from your joining?

_____
_____

_____

Is there an obstacle that you are hoping to overcome in this group?

_____
_____
_____

Is there anything that would be helpful for me to know about you that will help me make this group experience more meaningful for you?

_____
_____
_____

General Information:

Tell me about who you live with:

_____
_____
_____

Currently employed? (or what do you do outside your home and do you like it?)

_____
_____
_____

Most important relationships?

_____
_____
_____

Intake and Payment/Insurance Info
Group Form

This information is needed to provide an invoice and/or for submitting insurance claims. Please fill in all areas.

Date: _____ DOB: _____ Gender:

Name: _____ Other Participating Names: _____

Person(s) Responsible for Payment: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer's Name: _____

Employer's Address: _____

Emergency Contact: _____

Please submit information if you would like a Paid Invoice for out of network reimbursement.

Insurance Company: _____ Subscriber ID: _____

Main Subscribers Name: _____

Diagnostic Information _____
(to be discussed if submitting for insurance)

Cash, venmo or check accepted.

By registering for this group, I understand that I am making a commitment to an 8 week series. Payments may be made in full at the beginning of the group or submitted at each session.. I understand that I am responsible for payment even if I miss a session during the series. If I am looking for paperwork for out of network reimbursement I understand that an independent billing company will handle all billing.

_____ _____

Signature Date