

Sol Associates, PLLC
Rights and Responsibilities as a Group Client

Client Rights

No information about your counseling is released to anyone without your permission except for the following reasons: You seriously threaten to hurt yourself or someone else and protection from harm is required; we are subpoenaed by the courts; you apply to the State Bar of Texas and they require disclosure; or we receive information that a disabled person, a child, or an elderly person has been abused or neglected, or that a previous therapist has been sexually exploitative (in this case, client anonymity can be preserved).

You have the right to inquire about our professional credentials and experience as a therapist, to refuse a particular recommendation, to discuss concerns and dissatisfactions about our counseling work with us, and to end counseling at any time. We do request that all group members make a commitment to make all possible efforts to attend all sessions in this group. If a member must miss a meeting (or expects to arrive late) the member is expected to notify the group as soon as the need to miss is identified.

Client Responsibilities

Please arrive on time for sessions. If you require special accommodations due to a disability, notify us as soon as possible so that we may better serve you.

This is often difficult and challenging work. One of the most important joint responsibilities is communication. Taking an active role in counseling involves being as open and honest as possible, making efforts outside of sessions as appropriate, and providing feedback to us about how you think our work is going.

Counselor Rights

During the course of counseling, we may confer with other appropriate professionals about your situation. We will not release identifying information without your permission.

Financial Arrangements

Members will pay for the group as identified in the flyer and Group Agreements. Each member of the group is responsible to pay for all sessions whether or not they are able to attend on a given day.

I HAVE READ AND I AGREE TO THE ABOVE RIGHTS AND RESPONSIBILITIES:

Client Signature

Client Name

Date

Steven A. Milan, LCSW

Date

Date

Please sign one copy of this form and keep the other.

Revised 12/9/11