

**Kerry Graham Shay, MA LPC
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203 494 1198**

Mindfulness and Meaning Group Participation Agreement

Welcome to the Mindfulness and Meaning Group. I am really looking forward to working in this group with you. 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 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 structure of the group.

1. 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, beverage, slippers, etc.!).

2. Confidentiality

- Sharing in 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*

- The fee for this 8 week group is \$320. This can be submitted at the beginning of the session or \$40 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 using insurance 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: _____

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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 questions 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: M F
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: _____

Anthem Blue Cross/Blue Shield INSURANCE INFORMATION -

Insurance Company: _____ Subscriber ID: _____
Social Security Number: _____ Plan/Group #: _____
Main Subscribers Name: _____
Employer who insurance is through: _____
Authorization Number (if required): _____ Number of visits: _____ Co Pay: _____

(This information is not a guarantee of coverage, exact benefits and coverage will be determined when the explanation of benefits is received from your insurance company after the first billing).

Co Pay/Session Fee is due during each appointment. Cash or check accepted.
NOTE: Submitting an Insurance Claim may require giving diagnostic information to your insurance provider.

By registering for this group, I understand that I am making a commitment to an 8 week series costing 320 dollars. Payments may be made in full at the beginning of the group or at each session for a 40 per session rate. I understand that I am responsible for payment even if I miss a session during the series. If using insurance, I understand that I am responsible for the full cost that my insurance does not cover. I agree to pay this amount or the co-payment upon each visit. I also understand that an independent billing company will handle all billing.

Signature: _____ Date: _____