

**Chip Abernathy, LPC LLC**  
2496 Jett Ferry Road, Suite 203 Dunwoody, GA 30338

**Group Contract and Agreement**

I, (Print Name Clearly) \_\_\_\_\_,  
Date of Birth: \_\_\_\_\_, am requesting treatment services from Chip Abernathy, LPC.  
As a condition of treatment, I acknowledge the following items and agree to them.

**I understand:**

- Chip Abernathy, LPC believes that the outpatient treatment approach that he or his designees use provides a useful intervention for substance use disorders and co-occurring mental health conditions: however, no specific outcome can be guaranteed.
- Treatment participation requires following some basic rules and guidelines noted below and expanded upon in the RULES AND GUIDELINES FOR GROUP THERAPY document provided for you to keep and utilize. These conditions are essential for a successful treatment experience. Disregarding these rules can result in treatment termination and referral.

**I agree to the following:**

- a. Because abstinence from the use of addictive substances is a prerequisite for recovery, membership in the group requires total abstinence from the use of alcohol and other drugs with the potential for addiction. If I am unable to make or keep this commitment, I will discuss other treatment options with Chip Abernathy.
- b. It is necessary to arrive on time for group and/or other related appointments.
- c. I will discuss any return to the use of alcohol or other potentially addictive drugs with Chip Abernathy and the group while in treatment.
- d. I understand that all matters discussed in group sessions and the identities of all group members are absolutely confidential. I agree not to share this information with anyone.
- e. Treatment will be terminated if I encourage alcohol or other drug use by other group members, or if I provide alcohol or other drugs to other members.
- f. I understand that graphic descriptions of alcohol or other drug use are not helpful or beneficial. If describing my substance use history, I will provide accurate portrayals of what occurred along with my related feelings and perceptions without graphic details about the use itself.
- g. I agree not to become involved romantically or sexually with other group members.
- h. I understand that it is not advisable to be involved in any business transactions with other group members.
- i. I will notify Chip Abernathy in advance if I am going to miss a group session.
- j. I will not dominate the group. I will allow time for other members to participate.

- k. All treatment is voluntary. If I decide to terminate treatment, I will discuss this decision with Chip Abernathy. Graduation from group therapy, which has been thought about and discussed thoroughly in the group as outlined in RULES AND GUIDELINES FOR GROUP THERAPY, is the preferable way to end group psychotherapy.
- l. Services are provided by Chip Abernathy, LPC or his designees.
- m. Confidentiality: All information disclosed in group sessions is strictly confidential and may not be revealed to anyone outside of what is legally allowed and with the written permission of the patient. The only exceptions are when disclosures are required or permitted by law. Those situations typically involve substantial risk of physical harm to oneself or others or suspected abuse of children or the elderly.
- n. I may take a leave of absence from the group for up to six months and not be charged during my absence unless I want to guarantee my space being reserved for my return. During a leave of absence from the group, I will have at least one individual session per month with Chip Abernathy for continuity of care.
- o. Charges: The rate for group psychotherapy is on a per-session basis. The billing continues at the same rate even when members do not attend the group., i.e., when they are on vacation or are ill. The reasoning is that members are being charged for slots that are reserved for them. It is their responsibility as to whether and how they choose to use this time. *Each group member agrees to pay his or her bill for group at the end of each month.*

I certify that I have read, understand, and accept the terms of this Group Contract and Agreement. This agreement remains valid from the date of my signature unless I specify a termination date here: \_\_\_\_\_.

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_