



Group Therapy No-Show, Late Cancellation, Confidentiality & Participation Agreement

Effective Date: August 25, 2025

At Doria Therapeutic Group, PLLC (DTG), we are committed to providing high-quality, structured group therapy services. To protect the therapeutic process and maintain fairness to all participants, the following policies apply:

Appointments and Cancellations

Group therapy sessions are scheduled for 45 minutes. Please provide at least 24 hours' notice if you need to cancel or reschedule.

- Late cancellations (less than 24 hours) and no-shows will be charged a \$42.50 fee.
- This fee is not covered by insurance and is the patient's responsibility.
- If you arrive late, you may lose part of your session time.
- Returned checks will incur a \$10 service charge.

Confidentiality in Group Therapy

Our clinicians and practice are legally bound by HIPAA to safeguard your personal health information. However, other group participants are not legally bound in the same way.

- We require all participants to respect the confidentiality of others.
- This includes not sharing names, details, or session content outside the group.
- While strongly encouraged, DTG cannot guarantee that other participants will maintain confidentiality.
- Breaches of confidentiality may result in removal from the group.
- Recording, photographing, or distributing group content is strictly prohibited.

Participation Expectations

To create a safe, respectful, and supportive group environment, all participants are expected to:

- Allow equal opportunity for all members to share.
- Refrain from disruptive, disrespectful, or harmful behavior.
- Respect group boundaries and maintain an environment of support.
- Understand that clinicians reserve the right to remove participants who do not adhere to these expectations.



Clinical / Group Facilitators

Each group is facilitated by a licensed or supervised clinician of DTG. Facilitators are responsible for:

- Maintaining a safe, supportive, and professional group environment.
- Upholding ethical and clinical standards of practice.
- Protecting the confidentiality of participants in accordance with HIPAA.
- Providing guidance, structure, and therapeutic interventions to support progress.
- Documenting participation and clinical notes in compliance with DTG policies.

Financial Responsibility

- The \$42.50 no-show/late cancellation fee is not reimbursable by insurance.
- By signing below, you acknowledge and accept responsibility for this fee.

Acknowledgment and Consent to Participate

I have read and fully understand the above policies regarding attendance, cancellations, confidentiality, participation expectations, and financial responsibility. I understand the limitations of confidentiality in group therapy and agree to respect the privacy of all participants. I acknowledge that DTG cannot guarantee confidentiality outside the group. With this understanding, I voluntarily consent to participate in group therapy under these conditions.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Clinician/Group Facilitator Name: _____

Clinician/Group Facilitator Signature: _____

Date: _____

mjd: 25Aug2025