



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

Effective Date: January 05, 2026

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' notice) 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

DTG clinicians and staff are legally bound by HIPAA to safeguard protected health information. However, other group participants are not legally bound by HIPAA in the same way.

- All participants are required to respect the confidentiality of others
- This includes not sharing names, identifying details, or session content outside the group
- While confidentiality is strongly emphasized, DTG cannot guarantee that other participants will maintain confidentiality
- Breaches of confidentiality may result in removal from the group
- Recording, photographing, or distributing any group content is strictly prohibited

Clinical Staffing, Supervision & Training Disclosure

Group therapy sessions may be facilitated by a Licensed Clinician and/or a Limited Permit Clinician and may also include a Graduate Intern who participates under direct supervision.

- Licensed Clinicians are fully licensed mental health professionals authorized to provide clinical services independently



- Limited Permit Clinicians are post-graduate clinicians practicing under a New York State Limited Permit while accruing supervised clinical hours toward full licensure
- Graduate Interns are clinicians-in-training enrolled in accredited graduate programs and participating as part of supervised clinical education
- Limited Permit Clinicians and Graduate Interns practice under the supervision of a Licensed Clinician, in accordance with New York State regulations
- All clinicians and trainees are bound by HIPAA, ethical standards, and DTG confidentiality policies
- Participation may include observation, co-facilitation, facilitation, and discussion of clinical material for supervision, training, and quality-of-care purposes only

By consenting to group therapy, you acknowledge and agree that sessions may include the participation of a Licensed Clinician, Limited Permit Clinician, and/or Graduate Intern as described above.

Concurrent Individual Therapy Requirement

Participation in group therapy requires concurrent enrollment in individual therapy, either within Doria Therapeutic Group, PLLC or with an external licensed mental health provider. This requirement is in place to ensure appropriate clinical oversight, continuity of care, and integration of treatment goals.

Participants are responsible for maintaining active individual therapy for the duration of group participation. Failure to maintain concurrent individual therapy may result in suspension or discontinuation of group therapy services at the discretion of the treating clinician.

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 a supportive environment
- 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 Clinician, Limited Permit Clinician, and/or supervised Graduate Intern of DTG. Facilitators are responsible for:

- Maintaining a safe, supportive, and professional group environment



- Upholding ethical and clinical standards of practice
- Protecting participant confidentiality in accordance with HIPAA
- Providing structure, guidance, and therapeutic interventions
- 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 policies regarding attendance, cancellations, confidentiality, clinical staffing (including Licensed Clinicians, Limited Permit Clinicians, and Graduate Interns), concurrent individual therapy requirements, participation expectations, and financial responsibility. I understand the limits 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 dtd: 05 Jan 2026