

Group Rules

BY VOLUNTARILY ENGAGING IN GROUP, I AGREE TO THE FOLLOWING:

1. I agree to be respectful of others.
2. Facial masks covering both the nose and mouth are required at all times in the building, and highly encouraged outside during breaks.
3. I agree to submit to temperature check by staff when presenting to the agency and to sanitize my hands when entering the building. (Sanitizing hands is also required before returning to group after a break or after using the restroom.)
4. I understand that I am not to present to the office if I have had a confirmed exposure to COVID-19, or if I am exhibiting cough or shortness of breath or difficulty breathing, or at least two of the following symptoms: fever, chills, muscle pain, headache, sore throat, and loss of taste or smell. I understand that I am expected to call my primary clinician to report the exposure and/or symptoms, and will be asked to either provide a negative COVID-19 test and/or have shown improvement in respiratory symptoms, remain fever free, and it has been more than 10 days since symptoms have improved.
5. Food and drinks are not allowed in the group room. You may bring a drink with a lid into the group room to consume outside of the building on breaks.
6. Cell phones should be left in your vehicle or in your pocket. Use of cell phones during group is prohibited.
7. I agree to not bring distractions and not engage in distracting behaviors during group. (This includes side talking and other distracting behavior to be determined by the group facilitator.)
8. I agree to not taking prescribed or over-the-counter medications during group times. (If you need to take a medication, either wait until a break from group or excuse yourself from the group before leaving to take the medication. All medications should be kept in your vehicle, purse, or pocket.)
9. I agree to prioritize this group and find childcare for my group time as needed.
10. I agree to be abstinent from all substances, including alcohol.
11. I understand that my group involvement is essential for success in this program. (This means that you need to be timely, unless pre-approved by your group facilitator. No late arrivals will be accepted. Please do not schedule other appointments during this time. If you miss more than three groups during your initial group phase, it may be grounds for discharge from the program. Excused absences may be personal, medical illness with a note from a physical, family death with documentation, court, and severe family illness with documentation.)
12. I agree that if the group facilitator offers a break during group, that I will return in a timely manner as directed by the group facilitator. I understand that during break I may either go to the restroom, go outside, or stay in the group room. I understand that I am not to go into other areas of the building unless accompanied by a staff member.
13. I understand that appropriate language should be used in public places, including, but not limited to, the lobby and outside the building. I also understand that smoking is not permitted by the building entrance.
14. I understand that discussion regarding substance use and jokes regarding substance use are not appropriate for this environment. (There won't be tolerance regarding glorification of substance use or jokes regarding substance use. Additionally, do not engage in euphoric recall or "war stories" from your past use.)

Group Rules

15. I understand that confidentiality is essential in the group. (This means that what happens in group stays in group. Additionally, anonymity is essential during recovery, so please refrain from identifying others that either are or are not present.)
16. I agree to engage in group activities appropriately. (If you are asked a question, please make an attempt to answer appropriately. If you have trouble engaging meaningfully, please speak with your counselor.)
17. I agree not to socialize with the group members outside of group time. (This includes social activities, lending money, or having other from the group on your social media sites.)
18. I agree it is up to the group facilitator to follow through with group rules. (It is also up to the group facilitator to create a safe environment. Please address issues with the facilitator if you feel you need to. If you violate these rules the facilitator may ask you to leave the group session. This will be an unexcused absence, and if you continue to violate the rules you may not be permitted to remain in group. Please see your counselor with questions.)
19. I agree to explore opportunities within sober support in the community and will attend and participate with two 12 step meetings every week. I will submit the documentation of the 12-step meeting weekly to the group facilitator. I will discuss with my counselor my progress with this involvement.
20. I understand that if I sign releases of information for courts or other referral sources, that my urine screen results will be forwarded along with my progress in treatment, including in group. I understand that if I have questions or concerns I need to speak with my counselor for clarification.

Client signature

Date

Group Facilitator signature

Date