

**THE COCHE CENTER, L.L.C.  
GROUP PSYCHOTHERAPY CONTRACT**

The Cochè Center agrees that \_\_\_\_\_ will be a member of the \_\_\_\_\_ group for the period \_\_\_\_\_.

The group member agrees to the following:

1. I have read the Group Psychotherapy Policies and have asked necessary questions so that I understand and agree to the Group Psychotherapy Policies.
2. I understand and agree that auxiliary individual, couples, and/or family psychotherapy, about once every three weeks, is necessary unless decided otherwise by The Coché Center and myself. I agree to schedule and keep the necessary appointments.
3. I understand and agree that my financial responsibility for this group is due on the first day of the month for the month to come. I agree to pay my fee.
4. I understand and agree that my membership is for the full duration that this group meets, unless otherwise agreed upon by The Coché Center and myself. I agree to attend the group for its duration.
5. Should the need arise, I agree that I will initiate discussions of any necessary deviations from this contract with my group and its leader(s).

\_\_\_\_\_  
Clinician, The Coché Center

\_\_\_\_\_  
Group Member

\_\_\_\_\_  
Date