

## Therapist Treatment Agreements

1. I agree that I will keep confidential the information discussed, including the names of group members or your name.
2. I agree to arrive at sessions on time.
3. I agree to attend sessions each week and to stay for the entire 75 or 50 minute session.
4. I agree to inform the group if I will miss or be late for a session.
5. I agree to practice the skills taught.
6. I agree to do my absolute best to deliver the best treatment that I can to help you to stop your problem behaviors and achieve your treatment goals.

\_\_\_\_\_ Your Name

\_\_\_\_\_ Date

Therapist's signature

Date