

Genuine Life Psychology & Wellness, PLLC

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Jennifer S. Hartman, Ph.D.

Licensed Psychologist, Owner

Registration and Consent for Psychoeducational/Skills Groups

Full Name _____ Date of Birth _____

Mailing Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Emergency Contact: Name/relation _____ Phone _____

Who recommended this group? _____ May I thank them? Y N

If you are currently seeing a psychotherapist and/or psychiatrist, please list their name(s) and phone number(s) below:

I am honored to have you join the Mindfulness course and look forward to getting to know you during this time of learning and possibility. For your consideration, here are the policies for this class:

- This group will meet for 6 consecutive weeks from 6:00pm—7:30pm.
- Full payment of \$265 is due at the time of registration. You may cancel your participation for a full refund minus a \$10 processing fee up until two business days prior to the start of class. If you notify me of cancellation on the day of or the day before the class start date, you may be eligible for a full refund minus the \$10 processing fee if I am able to fill your reserved slot. If I am not able to fill the slot before the start date, you will be eligible for a refund of \$200.
- This course is designed as a psychoeducational group for participants to learn and practice mindfulness skills. It is not a psychotherapy group, nor is it designed to treat specific mental illnesses or emotional problems. Participation in this course alone does not constitute a therapy relationship with Dr. Hartman. Unless otherwise agreed upon with Dr. Hartman, her role for the duration of the course is as a psychoeducational teacher and facilitator.
- On-time arrival is vital as each group will begin with an introduction and practice of a mindfulness skill. If you arrive once the mindfulness exercise has begun, you may be asked to wait to join the group until we have completed the initial mindfulness exercise.
- You will be encouraged, but not required, to share your thoughts and experiences as you learn and practice mindfulness skills. This is part of the beauty of learning these skills in a group: we get to learn from each other! In order to create a safe learning environment, it is important that names of course students and information shared are kept respectfully confidential. To help facilitate your learning and growth, you will also be encouraged to keep a journal of your experiences applying mindfulness practices in your life. Because this is not a psychotherapy group, you will not be expected, nor will there be time, to share significant detail about your personal life and history.
- If you are currently seeing another psychotherapist and/or psychiatrist, it is important for them to be aware of and comfortable with your participation in this course.
- Any personal growth and exploration experiences can carry this risk of bringing to light unresolved issues or triggering old hurts. In a psychoeducational course of this nature, the risk of high levels of distress is fairly low. However, if you find yourself distressed with the material and practice, it is important to let me know this as soon as possible. We will think together about whether it is advisable to continue in the course, and if needed, I will offer referrals to therapists who can help you work through your triggers and distress.

Again, I look forward to having you as a participant in the Mindfulness course. By signing this agreement, you are indicating that you have read this page completely and have had all of your questions answered. You agree to the provisions freely and consent to the group policies.

Student Signature _____ Date _____