



PLAY THERAPY MASTERMINDS

Mastermind Group Non-Disclosure Agreement

I _____ understand that the information discussed during The Play Therapy Mastermind Group calls or meetings and on any associated message boards may be of a confidential nature. During the period of my participation in this Mastermind Group, and any time thereafter:

- I will neither copy nor distribute any material, or share other information verbally or in writing, which comes into my possession as a result of my participation in the Mastermind Group.
- I understand that material and information provided by others may be confidential, protected health information or copyrighted, and I will adhere to all applicable laws.
- Directly or indirectly, I will not disclose and/or use for my own benefit or for the benefit of others outside the Group, confidential information from this Mastermind Group. This includes, but is not limited to, trade secrets, current or future product descriptions or processes, customer lists, employee or prospective employee information, financial statements, and information pertaining to the business of the members or any of their clients, consultants, licensees or affiliates. I will also hold in confidence any personal information that another member might disclose during their communication within the mastermind group.

Member's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Signature: _____

Date: _____

Contract for Clinical Consultation/Supervision

I _____ wish to receive consultation services from Play Therapy Masterminds Group facilitated by Jennifer Taylor Play Therapy Services, LLC.

I understand that if I am not fully licensed as a mental health professional in my state, that these hours will be considered supervision solely for the purposes of Play Therapy credentialing and that I will still need to obtain regular supervision from a mental health professional in my state for clinical licensure.

These hours do count as supervision towards the Registered Play Therapist and/or School-Based Registered Play Therapist credentials conferred by the Association for Play Therapy. See www.a4pt.org for the most up-to-date requirements on supervision and credentialing.

I understand that I remain completely responsible – ethically and legally – for the decisions I make in my own clinical case situations. My consultant (and other group members) will provide me with an opportunity to discuss clinical cases and issues about which s/he may have some expertise, and s/he may help me consider options for responding, but the comments made for my consideration are not supervisory mandates.

I understand that it is the responsibility of the individual participating in the group (not Jennifer Taylor) to obtain any required consents or releases from clients, employers or other parties that may be necessary to discuss a specific case in this group prior to disclosing any information in a Play Therapy Masterminds group consultation.

I also understand that although we may sometimes need to discuss personal issues that may be relevant to my clinical work, these consultation services do not constitute psychotherapy. However, this group is available to discuss issues related to professional goals, growth and development.

I understand the potential limits of the confidentiality of this relationship. To the extent possible, my case presentations will provide no identifiable patient information. However, I understand that if I provide identifiable information about a situation regarding which my consultant has an ethical or legal obligation to report confidential information, s/he will inform me at the time and will give me the opportunity to make the report myself.

I understand that if my consultant becomes aware that s/he knows or has a prior relationship with the presented client(s), or if she believes she has a potential conflict of interest in her relationship with me, she will notify me of that fact immediately and will cooperate in helping me find a different consultant.

Contract for Payment of Fees

FEES:

I agree to the fees as advertised for two one-hour group consultation sessions, payable by automatic monthly subscription. Groups are limited to no more than 6 people.

Membership may be cancelled at any time (and is effective for the next billing cycle), but is charged regardless of your participation in the group meetings.

Your subscription rate will not increase as long as you maintain membership.

However, if you cancel your membership and then re-join at a later date, you may be subject to any fee changes that have occurred since that time.

Refunds are issued (pro-rated) for any meetings cancelled by Jennifer Taylor.

By signing here, I consent to the terms and conditions of this group supervision and agree to the monthly membership fees.

Signature: _____

Date: _____