

**Rainbow Treatment Center
Butterfly Drop-In-Center
Group Therapy Continuation Agreement**

I, _____ hereby make known my desire to continue attending the “Healing Harmony – Conflict Management” group for the following reason(s):

_____ I have not yet completed the full course because I enrolled after the course began. I want to complete the sessions I missed.

_____ I have not yet completed the full course due to family, health, or legal circumstances that interrupted my attendance.

_____ I have attended the group before, but I need to refresh my memory and understanding of the concepts contained in the course.

_____ I want (and need) to repeat this group because I consider it essential to my continuing recovery at this point.

_____ I want to attend or repeat this class in order to provide support and encouragement for my partner (or friend or relative) who is currently attending this group.

_____ I am required to continue or repeat this group.

Client Name: _____
Printed Signature

Date:

Donna M. Stevens, R.N., Psy.D.

Clinician