

**Jersey Shore Wellness Studio  
Oceanport, NJ 07757**

**Group Agreement Form**

**Please complete *Group Agreement Form & Registration Form* & submit to Jersey Shore Wellness Studio to ensure registration is complete.**

**Space is limited as group has a 8 participant maximum to ensure individualized attention & intimate therapeutic atmosphere.**

**Payment IN FULL is required to register. Checks may be made to Jersey Shore Wellness Studio. Credit cards are accepted. No refunds will be given.**

1. ***Please no....*** soda/food, phone or any other electronic devices in the group room. There is absolutely no smoking in the building.
2. All individuals are expected to conduct themselves and other group members in a respectful manner.
3. Group members understand that the group leader is required to provide general information regarding attendance, participation, progress and/or recommendations, termination (if applicable), to individual's parole/probation officer, and/or DCPD worker should they have one. Group members understand that the group leader is required to report any incidences of violence, as well as plans regarding homicide and/or suicide to appropriate authorities.
4. Members will maintain ***complete confidentiality*** related to every aspect of the group, including member's names, addresses, behaviors, and materials discussed. Members may not discuss absent members.
5. It is the responsibility of group members to contact the group leader if they are not able to attend group. Members will not be reimbursed for any missed group sessions.
6. I acknowledge I have reviewed and received a copy of this office's Notice of Privacy Practices explaining how this office will use and disclose my protected health information; my privacy rights with regard to my protected health information; this office's obligations concerning the use and disclosure of my protected health information. I also understand that Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request. I also understand that if I have any questions or complaints I may contact Jersey Shore Wellness Studio (jerseyshorewellness.com) or the US Department of Health and Human Services.

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Client Name, Signature & Date

If Youth, Parent or Guardian must sign & Youth signature is required if 14 years or older

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**Group Registration Form (Completed by parent or referring agency)**

**Name of individual completing form:**

**Youth's Name:**

**Date of Birth:**

**Address:**

**Parent/Guardian Name:**

**Parent/Guardian Phone Number:**

Diagnosis:

Current Medications:

CMO, Mobile Response or DCPD involvement? If so, name of worker:

Current and Previous Psychiatric Treatment:

History of self harm (cutting, suicidal ideations etc):

History of psychosis:

History of aggressive/violent behavior:

History of psychiatric hospitalizations:

Any significant history that should be noted:

Medical conditions or physical limitations:

Is youth able to participate in kickboxing/yoga/physical activities: