

KINGHAVEN COUNSELING GROUP, INC. BIPP Name: _____

Facilitator: _____

Group #: _____ Location: _____

Orientation Date: _____ Group Start Date: _____

Time: _____ Time: _____

PARTICIPANT AGREEMENT

Welcome to Kinghaven Counseling Group, Inc's Battering Prevention and Intervention Program (KCG BIPP). We hope your experience here has a positive effect on your life. This agreement explains:

- Battering Intervention and Prevention Program Goals
- Plan of Services
- Our Goals for You
- Your rights and responsibilities while receiving services
- Our rights and responsibilities in providing services to you

To receive services, KCG BIPP requires your agreement to abide by your responsibilities as outlines in this agreement

BATTERING INVERVENTION AND PREVENTION PROGRAM GOALS

1. The safety and self-determination of a woman, as well as men, and the safety of children.
2. Group members exploring, accepting responsibility for and stopping their abusive or controlling behavior, including emotional, financial, sexual, verbal, or physical violence and other abuses.
3. Group members seeing other people's perspectives, including those of their partners or other persons who have witnessed or been a victim of their abusive behavior.
4. Group members participating in respectful, mutually satisfying, growth-promoting relationships with others, including those with other group members.
5. Group members assuming social responsibility by passing on the benefits received from participation to those in the community, thereby participating in social change.
6. Program and completion criteria shall be provided to both the participant and the referral source, ensuring that decisions regarding program completion are consistent and objective for each participant

PLAN OF SERVICES

1. Evaluation, approximately 1-2 hours in length, before admission to a group.
2. Orientation, approximately 1-1 ½ hour in length
3. Attending, participating in, paying for, and receiving credit for a minimum of eighteen (18) weekly group sessions. The length of group participation may be extended depending on your progress and adherence to program policies and procedures.
4. Follow-up call(s) as necessary and appropriate to you, your partner, and your designated referral source.

Your starting date will be the following date your group meets after you attend orientation; unless previous arrangements are made with facilitator. Your file will be closed if a full month is reported without services.

Client INITIALS

YOUR RIGHTS WHILE RECEIVING SERVICES

You have the right to be treated with dignity and respect and to receive equal consideration regardless of your race, creed, color, sex, national origin, socioeconomic status, age, religion, physical condition, or sexual orientation. You may refuse to disclose any information you are not comfortable disclosing unless it is important to your service plan.

You have the right to be told the following

- The staff's assessment of your problem in a language you understand.
- Your program plan.
- The credentials of the staff member(s) providing your services.
- Possible outcomes and side effects of the program.
- Your status and participation
- The expected length, cost, and outcome of the program.
- In addition, you have both the right and the responsibility to participate in the development of your program plan.
- Any changes in group time and schedules

We are committed to continually assessing what types of services/intervention are helpful to people in ending violence in their lives. Therefore, information regarding the services you receive from KCG BIPP and your corresponding progress may be used in the evaluation of services, research, and/or professional presentations. Your confidentiality, however, will be strictly maintained. See CONFIDENTIALITY POLICY for additional information.

We are a community training agency and at times either a professional person, a student intern, or community representative may attend your group sessions or your evaluation session. In adherence to the confidentiality policy, all visitors are required to sign a confidentiality statement unless a release of information has already been obtained by participants waiving that confidentiality. Additionally, your session may be visited by KCG BIPP staff for the purpose of quality control and training, and will no way be done to evaluate your participation in the group.

While receiving services from KCG BIPP, you can expect the agency and its staff to:

1. Respect your dignity and confidentiality as defined in this document and to give you a copy of this document for your records.
2. Be honest with you in all aspects of your work here.
3. Provide you with appropriate group work.
4. Provide you with referrals/recommendations in response to additional needs you may have that we are unable to help you meet.
5. Provide you with a copy of all written agreements, including a signed copy of this agreement.
6. Provide services in a manner that you can understand.

A furlough may be granted if extraordinary circumstances arise which prohibit your ability to attend group after you have begun the program. Furlough may be no longer than 60 days, requires facilitator and referral

source approval, signed agreement, full payment of fee balance prior to returning to group, and weekly contact with facilitator during absence. Furlough will be granted only with facilitator and program directors consent.

If your financial situation changes, you have the right to discuss the impact of this change with your facilitator and request an adjustment in your fees. Final determination of your fee adjustment is at the discretion of your facilitator.

If a decision is made that you think is unjust, you have the right to ask the Facilitator or Employee to reconsider the decision. If you believe that decision is still unjust, after the reconstruction, you may appeal that decision in accordance with the agency's Grievance Policy.

YOUR RESPONSIBILITIES WHILE RECEIVING SERVICES

(Non-compliance with the following may be cause for termination from program)

1. Cooperation with group rules.
2. Complete orientation and assessment.
3. Attend a group session once a week for a minimum of eighteen (18) sessions, for two hours per session.
4. Compliance with the written attendance policy. Be on time for all sessions; being later than the 10 minute grace period will result in not receiving credit for that session. Arriving late is often preferable to missing the session altogether, which would result in an absence.
5. Please call your Facilitator if you are unable to attend a group session. If you are unable to reach your facilitator, leave a message for him/her.
6. Miss no more than 3 unexcused absences throughout the program. You will be dropped from the program on your fourth unexcused absence. Excused absences require documentation (i.e. hospitalization, probation meeting, death in the family, etc.) and your facilitator's approval. If you are dropped, you may petition for reinstatement, which could result in your having to start the program from session one. If allowed to return to the group, you may be required to attend an orientation session before you return and must pay for previously unpaid sessions.
7. Complete 18 group sessions with the same group. If you need to change groups for any reason, you will be required to have 18 credited sessions with your new group.
8. Know your fee and pay for each group you are scheduled to attend, including unexcused absences for which there is a \$10 fee. (Fees are assessed for unexcused absences in order to encourage regular attendance.)
9. Full payment is due each time you attend group, by money order made payable to Kinghaven Counseling Group, Inc. KCG BIPP does not accept cash or checks. You will not receive credit for sessions not paid. Four consecutive non-payments will result in either termination or suspension. Check with your facilitator regarding his/her specific guidelines.
10. Be non-violent toward your partner, children, and others. You are expected to report any incidents of violence, abuse, or controlling behavior, including stalking, at your next group session during check-in. Police contact, Service of Protection Order, or any new or pending charges must also be reported.
11. Be honest and direct about yourself while participating regularly in your group, including sharing experiences, insights, and feelings, and completing group activities and homework activities. Not participating in group discussion or homework completion may result in not receiving credit for sessions attended.
12. Accept responsibility for violent behavior.

13. Maintain the confidentiality of other group members by not discussing group sessions in a way that would identify any group member.
14. Do not fall asleep or be disruptive in group; this includes turning off pagers and cell phones before group. Leaving a session to make or take a call may result in losing credit for that session.
15. Do not have frequent or continued use of manipulative or disruptive behavior during group sessions.
16. Do not use alcohol the day of group, and as otherwise stated in your conditions of probations or parole. KCG BIPP does not require urinalysis or blood test in order to require you to leave the session. Do not use illegal drugs or abuse prescription drugs.
17. Cessation of violent, abusive, threatening, and controlling behaviors, including stalking and violation of a protective order.
18. Non-abusive and non-controlling behavior towards other group members and group facilitators; do not engage in criminal behavior.
19. Follow through on referrals made by your facilitator for other evaluations and programs (e.g. chemical abuse, psychological evaluation).
20. Be compliant with all court orders, including the payment of child support, if applicable.
21. Be compliant with other intervention conditions or provisions that are part of your written agreement.
22. We require that all firearms be removed from your home and your possession by the time you enter the group program, and that they remain outside the home until completion of the program as a safety precaution. (Check one box below.)

I agree to remove all firearms from my home and my possession by the time I enter KCG BIPP's services. The firearms will remain outside my home until I have completed the program.

I have no firearms and agree to obtain none during my participation in the program.

CONFIDENTIALITY POLICY

This agency observes usual and customary confidentiality in regard to participants. No information in your file is to be shared with any other individual, agency, or any unit of government in a way that could identify you without your written permission; however, there are some exceptions to this policy, as stated below.

EXCEPTIONS TO CONFIDENTIALITY

Should the following occur while you receive services from KCG BIPP, this agency reserves the right to release information regarding you and your behavior without your consent:

1. If we perceive a threat of potential suicide or homicide.
2. In any case where we have reason to fear for someone else's safety, we will contact the police and/or the potential victim.
3. We will report any incident or knowledge of suspected neglect or physical or sexual abuse of children or elders to Children's or Adult Protective Services. We encourage you to report any incidents personally.
4. Those persons/agencies that you have given us a "Release of Information" to speak with.
5. We can be ordered by a court to give information about you without your written permission.
6. Your records can be subpoenaed.

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7. We will report immediately (within five working days) to the Community Supervision and Corrections Department (CSCD) or other referral source any known law violation, incidents of physical violence, and/or termination from the BIPP program.

PARTICIPANTS RESPONSIBILITY TO ALLOW KCG BIPP TO REQUEST AND/OR RELEASE INFORMATION

As states in the release you signed at your evaluation, your partner and/or the person who was involved in the incident for which you were referred to KCG BIPP will be given information about your progress and participation at their request, and as your Facilitator deems appropriate. Information about you may be requested from your partner or victim. We may also be in contacts with your partners or victim's counselor (i.e., shelter, women's center, advocacy group, and therapist) at your partners or victims request, Letters will be sent out announcing your start and end of the program.

We cooperate with the federal, state, and local legal agencies and will provide the CSCD or other agency you designate. We may request/provide information from/to any agency to whom we provide progress report. You may view or request copies of records in your file ranging from a copy of one of your monthly progress reports to your complete file. One copy of your monthly report may be given to you by your facilitator free of charge. Additional copied of your file, including monthly reports will be provided at a fee from \$3/00-\$50.00 depending on amount of copies requested. We can only provide copies of your file to a private attorney with your written instructions and payment, or as a result of a court order.

If you have been referred through the Criminal Justice System, the courts or a state or county investigative agency (CPS, Adult Protective Services), your release of information will extend to all parts of those referring agencies and to any courts, prosecutors or law enforcement agencies working with those referral sources. For example, if you have been referred by the Probation Department and your release of information will allow us to speak to a representative from Probation, the Court that your case is/was in, and/or the District Attorney's office regarding your case.

POLICY REGARDING MINORS

The parents or guardians of the minor child are responsible for full payment for services. The signature of a parent or guardian of a minor is necessary before a minor can begin our program.

I have read this Participant Agreement and I understand what my rights and responsibilities are while receiving services from Kinghaven Counseling Group, Inc's Battering Prevention and Intervention Program.

Participant Signature

Date

KCG BIPP Representative

Date

Parent/Guardian Signature

Date

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