

MONIKA SUMMERFIELD, LMFT # 41527
 Licensed Marriage & Family Therapist, Trauma Specialist, Yoga teacher
 16052 BEACH BLVD, SUITE 212, HUNTINGTON BEACH CA 92647
 TEL 714-745-3238, FAX 714 846-5158

GROUP SIGN UP FORM

Group Name: Sacred Circle Yoga EMPOWERMENT group

Start Date:

Last Session Date:

Name: _____

Cell _____

Email: _____

Home Tel. _____

- A. *I give my consent to Monika Summerfield, LMFT to provide group yoga therapy treatment for myself.*
- B. *Confidentiality: I understand that the information I share in group is considered confidential. This information will not be shared with outside sources without my written consent. There are certain legal exceptions such as suspected child/elder abuse, when danger to self or public, legal shared custody or upon the receipt of a court order.*
- C. *Attendance Policy: I agree to attend the scheduled appointments with my group therapist. I agree that I will be billed the scheduled rate for every group session unless I cancel with 12 hours notice.*
- D. *GROUP FEE SCHEDULE: fee to be determined according to net monthly income of the household as follows and due at time of service:*

	<i>Per Session</i>	<i>10 sessions paid in advance 15 % discount</i>
\$ 0 – 2000	\$ 20	\$ 170
\$ 2000 - 3000	\$ 30	\$ 255
\$ 3000 - 4500	\$ 35	\$ 297.50
\$ above 4500	\$ 40	\$ 340

Monthly income _____

I agree to pay _____ *fee for each group therapy session.*

CLIENT SIGNATURE:

DATE:
