

JOSEPH PEREIRA, LICSW, CAS
Outlook Associates of New England

637 Massachusetts Avenue, Arlington, MA 02476

781-643-5251

ANGER MANAGEMENT PROGRAM CONTRACT

DESCRIPTION

1. The Anger Management Program consists of up to 1 ½ hours of individual evaluation/assessment and 18 hours of a psycho-educational group. Each group lasts for 1 ½ hours for 12 weeks.

ENROLLMENT AND FEES

1. There is a 1-1 ½ -hour intake evaluation, 12 group sessions and exit interview. Clients are scheduled for the next available group upon completion of the intake process.
2. The total cost of the program if self-paying is \$910. An initial payment of \$190.00 must be paid at the initial interview as an intake fee. If using health insurance co-payments are as designated by one's health insurance. A \$35.00 fee will be charged for any returned check and any other further payments will need to be paid by cashier's check or money order.
3. The intake fee is non-refundable.
4. It is the client's responsibility to make sure that all fees are current unless other arrangements have been made through a third party.
5. If a client is terminated from a group and wishes to restart the program, the client will be responsible for fees as noted above.

GROUP ATTENDANCE

1. Clients are expected to be on time for group sessions. Frequent lateness can result in termination from the group.
2. More than two absences from the group can result in termination from the group. A client is required to do a make-up. A make-up that is done in an individual session costs \$125.00 and \$60.00 if it is done in a group session unless sessions are covered by health insurance and then copayments are applicable.

OTHER

1. Clients are expected to dress and act appropriately during all sessions and while at the offices of Outlook Associates of New England. Any threatening or inappropriate behavior toward clinicians or other clients will result in termination from the group.

OTHER (Continued)

2. Refusal to participate in the intake process or group activities are considered to be non-compliance and will result in termination from the group.
3. Clients are requested to refrain from use of alcohol or non-prescribed drugs on the day of the group session. Any client arriving for group sessions with the odor of alcohol on his/her breath or appearing to be under the influence of non-prescribed drugs or misuse of prescribed drugs will not be allowed entrance for the group session and it will be considered an absence. The client will be given the opportunity to call a family member or friend to come to the program to provide safe transportation home. If a client is unwilling or unable to arrange alternative transportation, clinicians are obligated to notify the police.
4. In the event that a client's circumstances involve aggressive behavior in the home and/or with a partner or family member, periodic contact may be made with the appropriate individual. It is expected that the client will sign a release of information to allow a clinician to have contact with the person. Refusal to sign a release of information could result in not being able to participate in the group.
5. Clients are asked to keep the identity of other group members strictly confidential.
6. Additional stipulations: _____

I have read and understand the Program Description and Contract and agree to comply with all rules and regulations stipulated above.

Client Signature

Date

Witness Signature

Date