

**Ronald A. Alexander, Ph.D.**  
**Licensed Marriage and Family Therapist**  
**# MFC7707**  
**528 Arizona Ave., Suite 211**  
**Santa Monica, CA 90401**  
**(310) 395-2243**

**Please note that this is a landline & cannot accept text messages**

[DrRon@RonaldAlexander.com](mailto:DrRon@RonaldAlexander.com)   [www.RonaldAlexander.com](http://www.RonaldAlexander.com)

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### **Group Therapy Policies**

The following policies are designed to ensure a supportive stable network and group environment.

1. A three-month commitment is required when you join the group.
2. You must provide the group with six week's notice when you decide to leave. This allows ample time for you and the other members to separate and complete any issues that need resolution.
3. A. Members will agree to not use non-prescribed drugs including alcohol when attending group. If anyone is using such substances on a regular level that merits the attention of needing help with a substance abuse addiction that member is asked to inform the group of said problem. If a member is high from a drug while attending group that member should state such.  
B. There is a zero tolerance policy for any violent or abusive behavior; this includes throwing any objects  
C. Sexual involvement between group members is highly discouraged.
4. If you are going to miss a session, make an announcement to the group in advance whenever possible. If a schedule conflict arises too late to make announcement in session, or if you are going to be late, call (310) 395-2243 and leave a message or email me at [DrRon@Ronaldalexander.com](mailto:DrRon@Ronaldalexander.com).
5. Group therapy fees are \$85.00 per week, and must be paid monthly by the first business day of each month. Neither credit nor refunds will be given if sessions are missed. In essence you are paying by the month not by the week for your seat in the group. You are not charged when I am not present.

Super Bill insurance forms are available upon request.

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child or elder abuse, where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding. Parents of minors have a legal right to information and to give consent for treatment, unless as otherwise stated by law. However, minors have the right to a confidential relationship and these confidences will be respected as deemed appropriate by the therapist.

I have read the above, and I understand and agree to uphold these policies.

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Client Name Printed

Date

Client Signature