**Sexual Health in Psychotherapy Online Group Consultation Group Agreement**

**Friday Monthly Group**

**May – October 2018**

Group facilitated by Doug Braun-Harvey

Group meets at Zoom Conference Online Meeting (https://zoom.us)

Attendees need to have a working knowledge of online web-based group application to reliably connect and operate Zoom technology.

Members agree to six months of membership

Group membership agreements are renewable

Non-renewal of group agreement: will advise leader and group one month before ending of this agreement.

**Group Schedule:**

* Group meetings third Friday of the month (with exceptions based on Doug’s travel and training schedule)
* Group Dates:
  + May 18, 2018
  + June 29, 2018 (fourth Tuesday of the month)
  + July 27, 2018 (fourth Tuesday of the month)
  + August 17, 2018
  + September 21, 2018
  + October 19, 2018
* Group Times: 9:30 am – 11:00 am Sydney/Melbourne standard time
* Each group is 90 minutes

**Attendance:**

* Members are on time and remain for the entire 90 minutes
* Members are expected to attend all 6 online group meetings
* Members may have one absence in the six months at no cost, additional absences member will pay for their space in the group.
* Member provide advance notice of planned absences
* Members phone, email or text Doug to communicate an unexpected absence.

**Privacy:**

* Group members will maintain the privacy of online group discussion by not disclosing information about what members discuss with anyone who is not a group member.
* Leader will not disclose content/process from one online group to the other
* Leader will not disclose identities of consultation group participants.
* Consultation group members will make their own decisions about disclosing their membership in the online consultation group
* Consultation group members will receive permission to disclose identity of other participants.

**Finances:**

* Group fee is $100.00 AU for each 90 minutes group meeting
* Payment for consultation group is by credit card or check.
* Credit card information can be provided to The Harvey Institute for card-less transaction
* Checks payable to “The Harvey Institute”

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_