



**the brookline center**  
*for* COMMUNITY MENTAL HEALTH

## Observation Agreement

Welcome! We are excited to have you join us as an observer in our Observation Group Program. We believe this represents a fantastic opportunity for everyone involved to learn about the power of group therapy and how to lead interpersonal process groups. In order to safeguard the clients and the learning process, you must agree to the following conditions as an observer.

I, \_\_\_\_\_ (printed name), agree to the following:

### *Professionalism*

- To attend as part of a professional training, and confirming that I am either a licensed mental health professional and/or enrolled in a formal training program to become a licensed professional
- To follow the expectations established for observers; I confirm that I received the Observer Expectations document from the group coordinator. (Initial: \_\_\_\_\_)

### *Confidentiality*

- To maintain professional confidentiality in regards to any and all sessions that I observe;
- To refrain from making any notes or creating any record of the sessions and their content;
- In the event of any potential conflict of interest or dual relationship, I will excuse myself from the observation and contact the coordinator of the group program

### *Attendance*

- To abide by the attendance policy and with full knowledge of policies regarding payment



Signature: \_\_\_\_\_

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