

Group Participant List

Date:	Start Time:	End Time:
Topic of the Group:		
By signing below, facilitators are attesting this list is accurate and complete.		
Facilitator Printed Name, Credentials	Facilitator Signature	Date
Co-Facilitator Printed Name, Credentials	Co-Facilitator Signature	Date
<p style="text-align: center;">Please note, due to confidentiality standards, the full list of group participants must not be kept in any single participant's personal health records, instead the agency or practitioner must maintain the full participant list outside of any participant's health records.</p>		
Printed Name	If different from above:	
	Start Time	End Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
<p>Note for DMC-ODS only: 1) Group counseling services may only have between 2 and 12 participants 2) SUD residential patient education groups are not considered clinical interventions, and are not subject to a limitation in regard to the number of participants. BHIN-21-075</p>		